

INCIDENT REPORT



Please complete immediately following incident, supplementary information may be submitted within two (2) business days.
The Touch Football Disciplinary Regulations are available via www.touchfootball.com.au

Incident Details

PLEASE USE CAPITAL LETTERS

VS
 Team Name (a) Team Name (b)

Venue Field Number Division/Grade

/ / :
 dd mm yyyy hh mm Incident occurred outside of match
Tick

Person Cited

A separate Incident Report is required for each individual cited.

First name Surname

Team Name Shirt Number Others involved
(tick) Separate Incident Report is required for each individual cited.

Alleged Offence(s)

Offence Level(s) 1 or 2 or 3 or 4
(tick)

| | | | | | |
|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Offensive or Discriminatory Language or Gestures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Serious Foul Play – Physical Abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Serious Foul Play – Physical Abuse or Intimidation of a Referee or Official | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Spitting at a Player, Referee, or another person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Misconduct and Bringing the Game into Disrepute | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Alleged Incident Directed Towards

Participant
 Official Other, please specify

Person Completing Report

First name Surname

/ /
 Team Name dd mm yyyy

Participant Referee Other Official

Signature

Statement of Facts Surrounding Incident

PLEASE ATTACH FURTHER DETAILS

Onfield Action Taken

- None Warning Forced Substitution Captain Discussion Sin Bin Dismissal

Witness 1

First name

Surname

Phone Number

Witness 2

First name

Surname

Phone Number

Office Use Only

Report Received By (TTF Official)

 / / :

dd

mm

yyyy

hh

mm

Signature

Hearing Officer Summary

First Name

Surname

Signature

 / /

dd

mm

yyyy

Assessment of Report

- None Disciplinary Tribunal
 Actioned
Other, please specify

Action Taken