## CITING COMPLAINT REFERRAL FORM

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| --- | --- | --- |
| Referring Team/Rugby Body/Union:  | Nominated Official name:  |  |
| Match:  |  |  |
| Venue:  | Date/time of Incident:  |  |
| Name of alleged ‘offending’ player (IF KNOWN):  |  |  |
| Playing Position of Player:  | Number:  | Team/Rugby Body/Union:  |
|   |  |  |
|  |  |  |
| **Incident:**  |  |  |
| *Describe what occurred in detail (include time of incident):*  |  |  |
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| *Name of alleged victim player/s:*  |  |  |
| *Injuries sustained (if any):*  |  |  |
|  |  |  |
|   |  |  |
| *Names of any witness(es):*   |  |  |
|   |  |  |
|  |  |  |
|   |  |  |
| *Detected by Match Officials? If so, what action was taken:*  |  |  |
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| *Any other information i.e. evidence to be provided:*  |  |  |
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|   |  |  |

 NOMINATED OFFICIAL (SIGNATURE):\_

 TEAM/RUGBY BODY/UNION

 ***Referrals shall be made within* 48 hours of completion of match and returned to the Administration Officer –** **ccruadmin@gmail.com**

***A separate form shall be completed for each incident***