

Citing Complaint Referral Form



MATCH DETAILS			
Date:		KO Time:	
Teams:		vs	Grade:

DETAILS OF ALLEGED OFFENDING PLAYER			
Name:		Club/Team:	
Position:		Jersey Number:	

DESCRIPTION OF INCIDENT	
Describe what occurred in detail (include time of incident):	
Name of alleged victim player(s):	
Injuries sustained (if any):	
Detected by Match Officials? If so, what action was taken?:	
Any other information (i.e. evidence to be provided)	

DETAILS OF CLUB OFFICIAL SUBMITTING THIS FORM			
Name:		Email:	
Club:		Phone:	
Signature:		Date of Submission:	

DETAILS OF WITNESS(ES) TO THE INCIDENT			
Name:		Email:	
Club:		Phone:	

WHAT TO DO WITH THIS DOCUMENT
<p>The Club Official submitting this Citing Complaint Referral is required to complete this document and submit to the Union by 5:00pm on the first business day following the alleged incident via Email to info@sarugby.com.au</p> <p>All Citing Complaint Referrals must be accompanied by a payment of \$200.00, due at the time of submission. Please make contact with Rugby Union South Australia on (08) 7070 6940 to arrange payment.</p> <p><i>A separate form must be completed for each incident.</i></p>