

Citing Complaint Referral Form



| MATCH DETAILS | | | |
|---------------|----|----------|--------|
| Date: | | KO Time: | |
| Venue: | | | |
| 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 style="text-align: center;"><i>A separate form must be completed for each incident.</i></p> |