

# 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
The Club Official submitting this Citing Complaint Referral is required to <b>complete</b> this document and <b>submit</b> to the Union by 5:00pm on the first business day following the alleged incident via <b>email</b> to <a href="mailto:fraser.brydon@rugby.com.au">fraser.brydon@rugby.com.au</a>
<b>All Citing Complaint Referrals must be accompanied by a payment of \$500.00, due at the time of submission. Please provide proof of payment with your Citing Complaint.</b>
<i>A separate form must be completed for each incident.</i>