

**INCIDENT REFERRAL FORM**

TO: Football Operations Manager

 AFL Sydney

 E-mail: matthew.graham@aflnswact.com.au

 Fax: 9360 2255

I, the undersigned give notice I wish to refer an incident:-

1. that is not subject of a Notice of Report under By-Law 11.14 and:
2. which may constitute a Reportable Offence or Breach of Code of Conduct

**Round**: ……………………………….

**Match**: ………………………………. vs……………………………………….

**Venue**: …………………………….... **Date**:………………………………

**Player/s involved (please state offending player/s**): …………………………………………..

………………………………………………………………………………………………………….

**Type of Infringement**: …………………………………………

**Vicinity on Ground**: …………………………………………

**Quarter:** ………………………………………… **Time of Incident**: ………………

**Other relevant** **information:**

…………………………………………………………………………………………………………

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**How do you rate the seriousness of the incident?**  ( 1 = Moderate; 5 = Extreme)

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| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

**Print Name:** ……………………………………**Club:**……………………………….(if applicable)

**Signed:**…………………………………………..**Dated:**…………………………..

 **Umpire / Umpires Coach / Club Official / Other………………………………..(Please Circle)**

This form is to be completed and lodged, along with the deposit in accordance with AFL Sydney By-Laws.

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| **AFL Sydney use only:**Lodged with AFL Sydney on ……./……./……….. at ……………(time) |

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| **ACTION:** |

|  |
| --- |
| **OUTCOME:** |