



NOTIFICATION FORM FOR MISTAKEN IDENTITY IN A MATCH OFFICIAL / INCIDENT REPORT – CLUB SUBMISSION

To: Match Review Committee
Football South Coast
Email: davidware@footballsouthcoast.com

This form is to be completed by a Club Executive Member.

Your Details:

Name	
Email address	
Club	
Position	

I declare that there has been a case of mistaken identity in relation to the following fixture.

Match Details:

Opposition	
Age/Grade/Division	
Kick Off Time	
Venue	
Offence	

I declare that the Participant referred to below **was not responsible** for the Offence reported by a Match Official.

Participant Name	
FFA number	

I declare that the Participant referred to below **was responsible** for the Offence reported by a Match Official and should be issued with a Notice of Suspension.

Participant Name	
FFA number	

I declare that

- 1. I am authorised to make this statement on behalf of the Club.*
- 2. the information in this statement is accurate and to the best of my knowledge.*

I acknowledge that the Club and I may be charged with Misconduct if it is established that contents of this statement are incorrect and amount to an abuse of process.

Signature	
Date	