

RUGBY FOOTBALL UNION MATCH OFFICIAL ABUSE REPORT

**LEVEL 5 &
BELOW ONLY**

TO BE COMPLETED AND RETURNED TO YOUR SOCIETY

Person(s) responsible for abuse:	
Club (if known):	

Please indicate: Player Coach Club official Spectator

Fixture:

Home team		Team	
Away team		Team	

Date of incident:		Match venue:	
Was a match video made?		Competition title:	

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

List names and club of any witnesses to the incident who may be prepared to submit a statement and give evidence at any hearing if required:

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Nature of abuse: Physical Verbal Other (Please indicate):

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Detailed report of incident (continue on next page if necessary):

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Detailed report of incident continued:

Signature of Referee (IN ALL CASES – DIGITAL SIGNATURE ACCEPTABLE)		Date	
Signature of Asst. Referee (WHERE APPLICABLE)		Date	