



NATIONAL CONFERENCE LEAGUE INCIDENT REPORT FORM

Home Team:Hu		Away Team:	
Date of Game:			
Incident Type: (circle)	Referee Abuse	Biting	Racial Abuse
Other (please state)			
PLAYER			
Name:		Club:	Shirt Number:
If previously cautioned or dismissed for an offence give details:			
COACH/CLUB OFFICIAL			
Name:		Club:	
Time of incident (mins):	Before Game	After Game	
Full description of incident (use reverse if necessary)			
Distance from incident (metres):	Possible Mistaken Identity:	YES	NO
Location of incident:			
Witness/es:			
Full address of witness/es:			
Details of the game:			
Was the offending party's club informed verbally a report would be submitted:		YES	NO
Full name of referee:			
Signature of referee:		Signature of witness:	

This report must be forwarded by e-mail to david.lowe@rfl.uk.com and the offending club/s concerned for receipt within **THREE WORKING DAYS** of the game.