To be completed and returned to the RFU Discipline Department

**BY 0900 ON THE MONDAY AFTER THE MATCH**

Please ensure **ALL** fields are completed

**Please e-mail as an attachment to** **Discipline@therfu.com** **and** **Davidguyan@rfu.com**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Player’s name | Click here to enter text. | Position | Select  | Number | Enter text. |
| Club | Click here to enter text. | Team | Select |
| Date of dismissal | Click here to enter a date. | Type of match | Select |
| Was a video made? | Select | Competition title | Click here to enter text. |

Match result:

|  |  |  |  |
| --- | --- | --- | --- |
| Home team | Click here to enter home team. | Score | Click here to enter score. |
| Away team | Click here to enter away team. | Score | Click here to enter score. |

Nature of offence:

|  |
| --- |
| Choose an offence. |

|  |  |  |  |
| --- | --- | --- | --- |
| Officials | Name | Email Address | Telephone |
| Referee | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| A/R 1 | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| A/R 2 | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| TMO | Click here to enter text. | Click here to enter email address. | Click here to enter text. |

Weather conditions and state of the pitch:

General pattern of play/temper of game and any other red or yellow cards:

|  |
| --- |
| Click here to enter text. |

Proximity of Referee/Asst. Referee to incident:

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| Select  |

Did you have a clear view?

If you did not have a clear view, the incident was referred by an A/R, or subject to a TMO review, please give details below:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Time of Incident | Click here to enter text. | Half | Select |
| Score at Time of Incident | Home | Click here to enter text. | Away | Click here to enter text. |

Details of any injuries sustained to person(s) involved in the incident (**IF NONE OR UNSURE PLEASE STATE**):

|  |
| --- |
| Click here to enter text. |

Detailed report of incident:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Referee (**IN ALL CASES**) | Click here to enter Referee signature. | Date | Click here to enter a date. |
| Signature of Asst. Referee (**ONLY WHERE APPLICABLE**) | Click here to enter A/R signature. | Date | Click here to enter a date. |