

MATCH OFFICIAL ABUSE LEVELS 5 AND BELOW



To be completed and returned to **CB Discipline Secretary and Referee Society Discipline Officer**

AS SOON AS POSSIBLE AND BY NO LATER THAN 9AM ON THE SECOND DAY FOLLOWING THE MATCH

Please ensure **ALL** fields are completed

Please e-mail as an attachment

Contact details for the CB Discipline Secretaries are [available here](#)

Name (if known):	
Club:	
Role:	

League/Competition:		Date:	
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Home Team	Final Score	Away Team

Nature of Abuse:			
Period Incident Occurred:		Elapsed Time in Half:	
Video:	Yes	No	

WITNESSES WHO MAY BE PREPARED TO SUBMIT STATEMENT AND GIVE EVIDENCE IF REQUIRED			
Name	Role	Email	Telephone

Detailed report of the incident

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Name:		Role:	
Referee Society <small>(if applicable)</small>		Contact details <small>(Your own or Referee Society contact)</small>	
Date:		Signature:	

Please note that this form will be included in any hearing bundle that is shared with the Club. If you do not wish your e-mail address to be shared, please insert an address for the Referee Society through which you can be contacted.

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