

INCIDENT REPORT FORM CLUBS

This report is to be emailed to SANFL Juniors (sanfljuniors@sanfl.com.au) by midday Tuesday following the game.

This report must be lodged by a Club President or Delegate.

The reporting club must also commit to paying a \$250.00 fee if they wish for the matter to be investigated further.

Match:	v_			_
Venue:	Date:	Grade:		Boys/Girls
Quarter:Approx. Time:				
Reported Player:	No):	Club:	
Offended Player:	No	:	Club:	
Reported Charge (eg. striking):	L	aw No:		
Club Official Name:	N	lob:		
Email:	Signa	ture:		
Section 1				
PRECEDING PLAY- DESCRIBE THE PLA	Y LEADING UP TO 1	HE INCIDENT	?	
e.g. Player #17 received a handball th	at was dropped, he	/she bent do	wn to gath	er the football when
contact was made by player # 23.				
I saw				
.30**				

Section 2

LOCATION – where did the incident occur on the ground?

Mark your position and where the incident occurred on the diagram below.

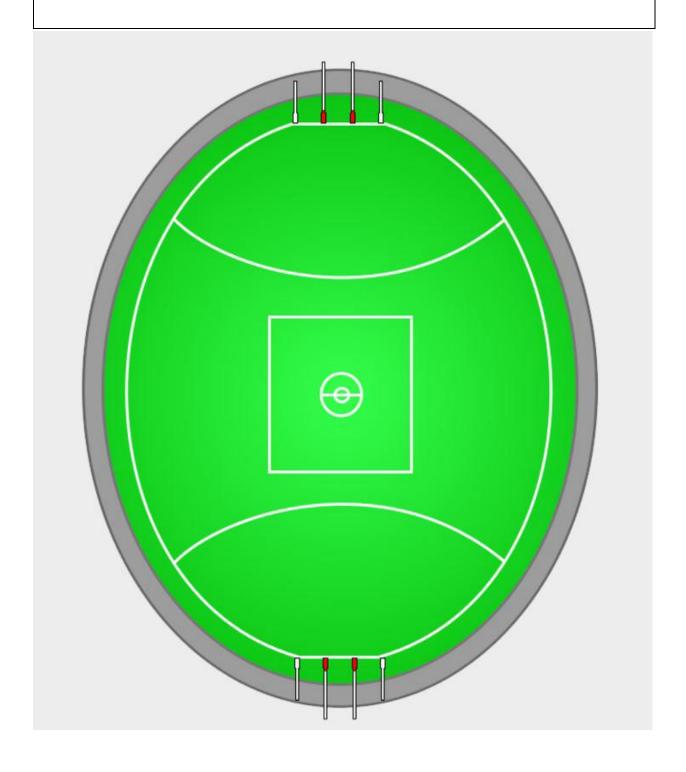
Use symbols and letters to identify Umpires, players, officials as necessary.

Eg.

Umpire 1 – U1 Coach 1 – C1

Umpire 2 – U2 Coach 2 – C2

Offending player – OP Coaches box – CB



Section 3
THE INCIDENT –CONTACT (STRIKING/KICK/CHARGE/TRIP)
e.g. Player #23 contacted Player # 17 as he/she was bent over gathering the football. Player #23 appeared to
line up player #17 and run at the player to make contact. Player #23 made contact to the head with his/her arm.
I saw
Section 4
FOLLOWING THE INCIDENT
(Circle any that apply)
NO FREE KICK AWARDED FREE KICK AWARDED
CARD ISSUED YELLOW / RED
PLAYER OFFENDED AGAINST
Did the offended player;
 Appear injured? YES / NO Were they bleeding? YES / NO
- Leave the field? YES / NO
If yes, was assistance required? STRETCHER / TRAINER / NO
- Return to play?
-
PROVOCATION
Did you see or hear any previous exchange between the players involved in the incident?
YES / NO If yes, please provide details below
ANY OTHER INFORMATION

SANFL Junio	rs OFFICE USE ONLY	
Report #		
Received		
	Date	Time