INCIDENT REPORT

Touch Football Australia
PO Box 9078, Deakin ACT 2600
ABN: 55 090 088 207

Please complete immediately following incident, supplementary information may be submitted within two (2) business days.
The Touch Football Disciplinary Regulations are available via **www.touchfootball.com.au**

Incident Details

PLEASE USE CAPITAL LETTERS

Team Name (a) **VS** Team Name (b)

Venue | Field Number | Division

dd / mm / yyyy hh : mm

☐ Incident occurred outside of match
Tick

Person Cited

First name | Surname

Team Name | Shirt Number | Others involved
Seperate Incident Report required for each individual cited. *Tick*

Alleged Incident

- ☐ Bad Sporting Behavior (i.e. phantom touches)
- ☐ Condescending Language or Signals (i.e. sledging)
- ☐ Offensive Language (i.e. swearing)
- ☐ Deliberately Pushing, Tripping or Grabbing
- ☐ Deliberately using Elbow, Shoulder, etc.
- ☐ Deliberately Striking, Open Hand (i.e. slapping)
- ☐ Deliberately Striking, Closed Fist (i.e. punching)
- ☐ Participating in a Fight
- ☐ Other, please specify

Alleged Incident Directed Towards

- ☐ Participant
- ☐ Official
- ☐ Other, please specify

Person Completing Report

First name | Surname

Team Name | dd / mm / yyyy

☐ Participant ☐ Referee ☐ Other Official

Signature

Statement of Facts Surrounding Incident

PLEASE ATTACH FURTHER DETAILS.

Onfield Action Taken

☐ None ☐ Warning ☐ Force Substitution ☐ Captain Discussion ☐ Sin Bin ☐ Dismissal

Witness 1

First name

Surname

Phone Number

Witness 2

First name

Surname

Phone Number

Office Use Only

Report Received By (TFA Authority Official)

☐☐ / ☐☐ / ☐☐☐☐ ☐☐ : ☐☐

dd mm yyyy hh mm

Signature

Hearing Officer Summary

First Name

Surname

Signature

☐☐ / ☐☐ / ☐☐☐☐

dd mm yyyy

Assessment of Report

☐ None ☐ Disciplinary Tribunal

☐ Actioned ☐ Other, please specify

Action Taken