## CITING COMPLAINT REFERRAL FORM

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| --- | --- | --- |
| Referring Team/Rugby Body/Union: | Nominated Official name: |  |
| Match: |  |  |
| Venue: | Date/time of Incident: |  |
| Name of alleged ‘offending’ player (IF KNOWN): |  |  |
| Playing Position of Player: | Number: | Team/Rugby Body/Union: |
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| **Incident:** |  |  |
| *Describe what occurred in detail (include time of incident):* |  |  |
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| *Name of alleged victim player/s:* |  |  |
| *Injuries sustained (if any):* |  |  |
|  |  |  |
|  |  |  |
| *Names of any witness(es):* |  |  |
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| *Detected by Match Officials? If so, what action was taken:* |  |  |
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| *Any other information i.e. evidence to be provided:* |  |  |
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|  |  |  |

NOMINATED OFFICIAL (SIGNATURE):\_

TEAM/RUGBY BODY/UNION

***Referrals shall be made within* 48 hours of completion of match and returned to the Administration Officer –** [**ccruadmin@gmail.com**](mailto:ccruadmin@gmail.com)

***A separate form shall be completed for each incident***