CITING	COMPI	LAINT RI	EFERRAL	FORM
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REFERRING TEAM / RUGBY BODY / UNION :		NOMINATED OFFICIAL'S NAME :	
			<del></del>
MATCH:			
VENUE:		DATE / TIME OF INCIDENT :	
		_	
NAME OF ALLEGED "OFFENDING" PERSON (IF KNOW	<u>N</u> N):		
PLAYING POSITION IF PLAYER:		NUMBER :	
ROLE OF PERSON AT GROUND, IF NOT A PLAYER			
		TEAM / RUGBY BODY / UNION :	
	_		
INCIDENT :		7	
Describe what occurred in detail (include time of inc	ident) :		
Name of alleged victim player/s :	1	7	
nume of unegon from projector	<u>.</u>	<del>-</del>	
Names of any Witnesses :		1	
ivaliles of any withesses .	-	4	
		_	
		_	
Any other information, i.e. evidence to be provided	(can be attached separately to email):		
		7	
NOMINATED OFFICIAL (SIGNATURE) :			
TEAM / RUGBY BODY / UNION :			

Once completed, please refer to the current CCRU By-Laws & Constitution for details on how a Citing will progress once submitted on time.