

Incident Report

NSW Touch Association Inc.

PO Box 27

Canterbury Velodrome, Earlwood, 2206

ABN: 22 502 830 336

Please complete immediately following incident, supplementary information may be submitted within 48 hours. Touch Football Australia Disciplinary Regulations available <https://touchfootball.com.au/affiliate-hub/disciplinary-regulations/>

please use capital letters

**Incident Details**

**vs**

team name (a)

team name (b)

(field number)

(venue)

(division)

**:**

Incident occurred outside of match

dd

mm

yyyy

hh

mm

**Person Cited**

(first name)

(team name)

#

(surname)

(shirt number)

Separate Incident Report required for each individual cited.

(others involved, 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)

(affiliate)

(surname) dd mm yyyy

Participant

Referee

Other Official

(signature)

**Statement of Facts Surrounding Incident**

**Onfield Action Taken**

Please attach further details.

None

Warning

Force Substitution

Captain Discussion

Period of Time

Send Off

**Witness 1 Witness 2**

(first name) (first name)

#

(surname) (surname)

#

(phone number)

(phone number)

Please attach further witness details.

**Office Use Only**

yyyy

mm

dd

(signature)

Disciplinary Tribunal

**Action Taken**

(surname)

Member Protection Incident

Actioned

Warning

Noted

(first name)

**Assessment of Report**

**Hearing Officer Summary**

Report Received By (TFA Authority Official)

**:**

dd mm yyyy hh mm

(signature)