## **Incident Report**

Other Official



Please complete immediately following incident, supplementary information may be submitted within 48 hours.

Touch Football Australia Disciplinary Regulations available www.austouch.com.au Please submit completed report to TCHTA Competition Administration after Incident please use capital letters **Incident Details** team name (a) team name (b) Q U Е Ν S Κ Е (field number) Т 0 W Ν S Е (venue) (division) Incident occurred outside of match dd mm mm yyyy **Person Cited** (first name) (team name) (surname) (shirt number) (others involved, tick) Seperate Incident Report required for each individual cited. Alleged Incident Bad Sporting Behavior (i.e. phantom touches) Deliberately Striking, Open Hand (i.e. slapping) Condescending Language or Signals (i.e. sledging) Deliberately Striking, Closed Fist (i.e. punching) Offensive Language (i.e. swearing) Participating in a Fight Deliberately Pushing, Tripping or Grabbing Other, please specify Deliberately using Elbow, Shoulder, etc. **Alleged Incident Directed Towards Participant** Other, please specify Official **Person Completing Report** Е 0 W S (first name) С Α S Т Е L (affiliate) (surname) dd Participant Referee (signature)

Statement of Facts Surrounding Incident	
Onfield Action Taken	Please attach further details.
None Warning Force Substitution	n 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	
Report Received By (TFA Authority Official)	dd mm yyyy hh mm
(signature)	
Hearing Officer Summary  J A N	Assessment of Report  Noted  Member Protection Incident  Disciplinary Tribunal  Action Taken  Warning  Member Protection Incident  Auto 2 match suspension
signature)  dd mm yyyy	