

# RUGBY FOOTBALL UNION MATCH OFFICIAL ABUSE REPORT

**LEVELS 5 &  
BELOW**

**FOR USE AT LEVELS 5 AND BELOW ONLY**

**TO BE COMPLETED AND RETURNED AS DIRECTED BY YOUR REFEREE SOCIETY**

Please ensure **ALL** fields are completed

Person(s) responsible for abuse:	
Club (if known):	

Please indicate:      Player       Coach       Club official       Spectator

Fixture:

Home team		Team	
Away team		Team	

Date of incident:		Match venue:	
Was a match video made?		Competition title:	

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

List names and club of any witnesses to the incident who may be prepared to submit a statement and give evidence at any hearing if required:

Nature of abuse:      Physical       Verbal       Other  (Please indicate):

Detailed report of incident (continue on next page if necessary):

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Detailed report of incident continued:

Signature of Referee <b>(IN ALL CASES – DIGITAL SIGNATURE ACCEPTABLE)</b>		Date	
Signature of Asst. Referee (where applicable)		Date	