



# INCIDENT REFERRAL FORM



TO: \_\_\_\_\_ [Competition Manager Name]  
 \_\_\_\_\_ [League]  
 \_\_\_\_\_ [Email]

I, the undersigned give notice I wish to refer an incident which may constitute a Reportable Offence under the Laws of the Game or a Breach of the Code of Conduct.

**Competition Division:** \_\_\_\_\_

**Round:** \_\_\_\_\_ **Match:** \_\_\_\_\_ **vs** \_\_\_\_\_

**Venue:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Person(s) involved (please state offending person/s):**

**Reportable Offence or Code of Conduct Breach:**

\_\_\_\_\_

**Type of Reportable Offence/ Infringement (s):**

\_\_\_\_\_

**Note:**

The spirit of a citing a law is to provide a means for the investigation of serious incidents which occur behind the play or which go unnoticed by the Umpires.

The referral must be accompanied with the sum of \$250 and must be receipted by AFLNT no later than 12:00pm on the first business day following the incident.

With all citing submissions at least one witness statement should be included. Witness must be listed on team sheet.

**Vicinity at Venue:**

\_\_\_\_\_

**Quarter:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Other relevant information:**

Where a Classifiable Offence, as defined under 5.2 (b) of the State & Territory Tribunal Guidelines (2020) is the reason for the citing use the table below to indicate the level of conduct alleged.

Conduct	Impact	Contact	Tick Applicable
Intentional	Severe	High/Groin	
		Body	
	High	High/Groin	
		Body	
	Medium	High/Groin	
		Body	
	Low	High/Groin	
		Body	
Careless	Severe	High/Groin	
		Body	
	High	High/Groin	
		Body	
	Medium	High/Groin	
		Body	
	Low	High/Groin	
		Body	

Impact Guidelines	
Low	Minimal or no impact on the match - the Player continued to play the majority of the match and suffered no or minimal ongoing issues.
Medium	Clearly some impact on the Player, and / or the Player left the field for a lengthy period of time, and/ or some possible lower level ongoing treatment(s) required.
High	Major impact on the Player, and / or the Player was unable to participate in the remainder of the game, and / or major ongoing issues that require medical intervention and / or may miss some matches.
Severe	Major impact and serious injury to the Player, and / or likely to miss a significant number of matches.

Print Name: \_\_\_\_\_ Club: \_\_\_\_\_ (if applicable)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Role:  Umpire |  Umpire Observer |  Relevant AFLNT Staff Member |  
 Club Complaints Officer/President (please tick)

**This form is to be completed and lodged, along with the deposit in accordance with the Rules & Regulations or, where relevant, the competition By-Laws**

<p><b>League use only:</b></p> <p>Lodged with League on _____ / _____ / _____ at _____ (time)</p> <p>Print Name: _____ Signed: _____</p>
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