THE ONTARIO SOCCER ASSOCIATION

Referee Special Incident Report Form

This form must be submitted to the appropriate authority within 48 hours of the game or earlier if stipulated by the rules of the competition. This form is to be used to report a special incident that is not covered by a Referee Report Caution Form, a Referee Report Dismissal Form, or a Referee Assault Report Form (e.g. abandoned game, reporting misconduct by a Coach, outside interference by spectators). In any case involving physical contact with a game official, the Referee Assault Report Form should be used.

PLEASE PRINT

GAME DETAILS

GAME NUMBER: _____

GAME: (Home Team) _____ VS. (Away Team) _____

Home Team Registration Number: T_ _ _ _ _ _ Away Team Registration Number: T_ _ _ _ _ _

LEAGUE/COMPETITION: _____ AGE GROUP: _____ DIVISION: _____

DISTRICT ASSOCIATION (If Applicable): _____

PLAYED AT: _____ (Field Name and City/Town) DATE: _____ (DD/MM/YR)

INCIDENT DETAILS

The following incident occurred: ☐ before the game ☐ during the second half ☐ at half time ☐ during the first half ☐ after the game

If the name(s) of the person(s) involved are known, please provide below. Indicate the position of the person as a player, coach, manager, trainer, club official, spectator or other (specify):

NAME	TEAM	POSITION	O.S.A. REGISTRANT NUMBER

DESCRIPTION OF INCIDENT: Please use back of form to provide the description of incident.

REFEREE DETAILS

Referee:

Print your Name _____ Signature of Referee _____

O.S.A. Registrant Number _____ Date _____

Assistant Referee's Name: _____ Please Print Name O.S.A. Registrant Number _____

Assistant Referee's Name: _____ Please Print Name O.S.A. Registrant Number _____

2003

For Office Use Only: Discipline Case #

DESCRIPTION OF INCIDENT (Continued)