



# 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:                   Away Team Registration Number:             

LEAGUE/COMPETITION: \_\_\_\_\_      AGE GROUP: \_\_\_\_\_      DIVISION: \_\_\_\_\_

DISTRICT ASSOCIATION (If Applicable): \_\_\_\_\_

PLAYED AT: \_\_\_\_\_      DATE: \_\_\_\_\_

(Field Name and City/Town)      (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

**For Office Use Only: Discipline Case #**

