Referee's Report Regarding
An Assault on a Match Official

Please print clearly or type information

Please read reverse for pertinent procedures and regulations

1126 Douglas Road
Burnaby, BC V5C 4Z6
Phone: (604) 299-6401
Fax: (604) 299-9610

Referee's Name: Date of Game:

Teams: Vs.

Venue: League/Competition

Dear Sir: Arising from the above noted game, I am reporting an instance of…

Assault on a match official

This action was a case of (check one):

Verbal Abuse: ____ Physical Abuse: _____

Offender's name (print or Type):

ID or Shirt #: of Team

The incident occurred as follows:

Referee (Print Name): _____

Submitted By (Referee's Signature): _____

Residence Telephone: _____ Business: _____ Fax: _____

To Chairman, BC Soccer Association Discipline Committee (Within 48 hours)

*Note for additional distribution consult your BC Soccer Referees Association Directory