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,outside interference by spectators). in any case of physical contact with a game official, the Referee Assault Report Form must 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 : _____ DATE: _____

(Field Name and City/Town) (DD/MM/YR)

INCIDENT DETAILS

The following incident occurred:

- ☐ before the game
- ☐ during the first half
- ☐ during the second half
- ☐ after the game
- ☐ at half time

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	O.S.A. REGISTRANT NUMBER	TEAM	POSITION

DESCRIPTION OF INCIDENT: Please use the 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 #

DESCRIPTION OF INCIDENT