

Statement of Facts Surrounding Incident

Please attach further details.

Onfield Action Taken

- None
 Warning
 Force Substitution
 Captain Discussion
 Period of Time
 Send Off

Witness 1

(first name)

(surname)

(phone number)

Witness 2

(first name)

(surname)

(phone number)

Please attach further witness details.

Office Use Only

Report Received By (TFA Authority Official)

(signature)

/ /
 :
 dd mm yyyy hh mm

Hearing Officer Summary

(first name)

(surname)

(signature)

/ /
 dd mm yyyy

Assessment of Report

- Noted
 Warning
- Actioned
 Member Protection Incident
- Disciplinary Tribunal
 Auto 2 match suspension

Action Taken