



BC SOCCER REFEREE ASSAULT FORM

Basic Information			
Date of Game		Game Number	
Home Team			
Away Team			
League/Competition		Division/Age Group	
Kick-Off Time		Field/City	

Incident Details	
When did the Incident occur?	
Offence(s) committed: (Select all that may apply)	<input type="checkbox"/> Any form of excessive physical assault <input type="checkbox"/> Language and/or profanity directed at a Match Official <input type="checkbox"/> Attempted abuse of a Match Official <input type="checkbox"/> Intimidating and/or threatening behavior <input type="checkbox"/> Misconduct involving racist or sexist comments

Known Individuals				
If name of parties involved are known, indicate who they were and position (team official, player, spectator, etc.)				
Name	Jersey #	Position/Role	Team	Reg #

Match Officials					
Please indicate which official(s) were assaulted by selecting the appropriate check box next to their name.					
		Name	Reg #	Phone	Email
Referee					
AR1					
AR2					
4 TH Official					

Report
<p>Use the space below to provide a thorough description of the assault. You must complete a SEPARATE description for EACH incident and attach each of them to the Referee Assault Form. Ensure that the description is as detailed as possible. Include the following information if it is applicable to your situation: players involved, location on the field, comments that were exchanged, the manner in which the parties involved acted, the tone of voice, if match was abandoned and if so, at what point in the match, the direction you were facing, proximity, if anyone entered the field of play, etc</p>



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A large, empty rectangular box with a black border, intended for the main report or details of the incident.

Reporting Official Name	
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