



## INCIDENT REFERRAL FORM

TO: Competition Manager  
AFL Sydney Juniors  
E-mail: bob.robinson@aflnswact.com.au  
Fax: 9360 2255

I, the undersigned give notice I wish to refer an incident:-

- (i) that is not subject of a Notice of Report under By-Law 9 and:
- (ii) which may constitute a Reportable Offence or Breach of Code of Conduct

Note: If the Incident is alleged to be a breach of the SJ Vilification and Discrimination Policy (**the Policy**), indicate whether the Incident is to be dealt with under the SJ Competition Rules and Bylaws, or pursuant to the Policy (which provides for a conciliation process- **Yes/No** (circle one)

Round: \_\_\_\_\_ Match: \_\_\_\_\_ vs \_\_\_\_\_

Venue: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) involved (please state offending person/s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Infringement (Refer to AFL Rules of the game – Rule 19): \_\_\_\_\_

\_\_\_\_\_

Vicinity at Venue: \_\_\_\_\_

Quarter: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ Club: \_\_\_\_\_ (if applicable)

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Umpire / Umpires Observer / Umpires Coach / Club Official / Other \_\_\_\_\_

(Please Circle)

**This form is to be completed and lodged, along with the deposit in accordance with AFL Sydney Juniors By-Laws**

AFL Sydney Juniors use only:

Lodged with AFL Sydney Juniors on ...../...../..... at .....(time)