**CITING COMPLAINT FORM**

**To be completed and returned to the Disciplinary Department**

**WITHIN SEVEN (7) DAYS OF THE COMPLETION OF THE MATCH**

**Please ensure ALL ﬁelds are completed**

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| **Details of Person and Club Making the Citing Complaint** |
| Name |  |
| Position in Club  |  |
| Contact Details  |  |

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| **The Match** |
| Match |  | **V** |  |
| Date of match |  |
| Venue |  |
| Name of Referee (if known |  |

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| --- |
| **The Cited Player** |
| Name of Cited Player  |  |
| Position  |  |
| Shirt Number  |  |
| Team Sheet | Yes/No:  |

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| **Details of the Incident** |
| Period of Play  | 1st Half /2nd Half  |
| Time in Match  |  |
| Nature of Offence  | *(Please provide the Law(s) of the Game it is alleged to have been breached)*  |
| Description of incident | *(Please provide full details of incident and full description of the offence)* |
| Effect of Incident  | Was the victim player injured? Yes/No  |
|  | (*If yes, please state the nature of injury and whether the Player had to leave the field of play/receive medical treatment)* |
| **Video Evidence:** |
| Yes/No:  | Time of incident on match footage:  |

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| **Witness Evidence:** |
| Witness Statements: Yes/No (please list below)  |
|  | **Name**  | **Position/Role**  | **Attached?**  |
| 1 |  |  | Yes/No |
| 2 |  |  | Yes/No  |
| 3 |  |  | Yes/No |

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| **Photographic Evidence:** |
| Yes/No (please list below)  |
| Please provide a description to accompany the photographic evidence:  |
|  |
|
|
| **Medical Evidence:** |
| Please list and attach:  |

**To be completed within SEVEN (7) DAYS of the relevant match and should be sent to: The Welsh Rugby Union Disciplinary Department. Email** **disciplinarydept@wru.wales**