**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**

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

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

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

|  |  |
| --- | --- |
| **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: |

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

|  |
| --- |
| **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**](mailto:disciplinarydept@wru.wales)