

**Player Directions – Citing Complaint**

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| Whether he/she is the Player named in the citing complaint | Yes | No | If No, please state the correct player  Player Name: | |
| whether he/she accepts that the citing complaint is a true and accurate account of the incident that resulted in the citing; | Yes | | | No |
| Whether he/she accepts that he committed an act or acts of Foul Play as set out in the citing complaint; | Yes | | | No |
| Whether the Player accepts that/those acts would have warranted a red card | Yes | | | No |
| If he/she does not accept that the citing complaint did not warrant a red card and what evidence he/she will rely on to support his position. |
| Please provide further details: | | | | |
| Does the Player wish to attend a Hearing before the WRU Disciplinary Panel? | Yes | | | No |
| If yes above, please state who will be in attendance and in what capacity | Name(s) | | | Capacity (i.e. witness, representative) |
| Attendee 1: |  | | |  |
| Attendee 2: |  | | |  |
| Attendee 3: |  | | |  |

**Please ensure that all documentation, material and evidence that you wish to rely upon to support the player’s case/position are attached to this form and sent to the WRU Disciplinary Department within the next SEVEN (7) days. Email:** [**disciplinarydept@wru.wales**](mailto:disciplinarydept@wru.wales)