**WRU Code of Conduct 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Complainant Details** | | | |
| Name: |  | | |
| Name of Club |  | | |
| Position in the Club: |  | | |
| Telephone: |  | Email: |  |

|  |  |
| --- | --- |
| **Declaration (please tick)** | |
| I confirm that I have been authorised to submit the complaint on behalf of the Club and Club Committee |  |

|  |  |
| --- | --- |
| **The Match Official(s) - if known** | |
| **Name (s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The Match** | | | |
| **Match:** |  | **V** |  |
| **Date of match:** |  |
| **Venue:** |  |
| **Competition:** |  |

|  |  |
| --- | --- |
| **The Complaint Details:** | |
| **Name of Reported Club:** |  |
| **Name of Reported Individual involved:** |  |
| **His/her Role with the Club:** |  |
| **Please state Code of Conduct breach (if known)** |  |

|  |  |
| --- | --- |
| **Details of the Incident** | |
| Period of Play: | 1st Half /2nd Half |
| Time in Match: |  |
| **Full** Description of Incident: |  |
| Effect of Incident: *(if applicable)* |  |
| Effect of victim *(if applicable)*  ***(Please include full details of injury and/or medical attention required)*** |  |

|  |
| --- |
| **Please list the evidence and any submissions that the Club wishes to rely upon and enclose herewith:** |
|  |
|  |
|  |

**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)