**WRU Code of Conduct Complaint Form – Referee Submission**

**To be completed by the Referee 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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| **Referee Details**  |
| Name:  |  |
| Level of Referee: |  |
| Years’ Experience:  |  |
| Telephone:  |  | Email:  |  |

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

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| **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)***(Please review the Codes of Conduct)* |  |

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| **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)***  |  |

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