



# Assistant Referee's Report on a Temporary Suspension

**OFFICIATING**

Player's Union				Player Number		
Full Name of Player						
Venue				Date of Incident		
Match Result			pts			pts

**Nature of Offence: (Please indicate appropriate offence)**

Law	✓	Law	✓	Law	✓	Law	✓	Law	✓	Law	✓
3.7		9.7 (d)		9.12		9.16		9.20		9.24	
4.7		9.8		9.13		9.17		9.21		9.25	
9.7 (a)		9.9		9.14		9.18		9.22		9.26	
9.7 (b)		9.10		9.15		9.19		9.23		9.27	
9.7 (c)		9.11		Please give a short description of the Law							

Period (of game when incident occurred):		1 <sup>st</sup> Half		2 <sup>nd</sup> Half		Extra time		Elapsed time in half			
Proximity of Official(s) to incident		metres									
Score at that time		pts			pts			pts			
Had any cautions been issued to	a) Individual	Yes		No		b) General	Yes		No		

Assistant Referee's Name			Union	
Referee's Name			Union	

**Please give a detailed report below (PLEASE WRITE CLEARLY)**


Signed			Date	
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**THIS REPORT MUST BE COMPLETED AND PROVIDED TO A DESIGNATED DISCIPLINARY OFFICIAL IMMEDIATELY AFTER THE COMPLETION OF THE MATCH**

**NOTE TO PLAYER:** You may challenge this Temporary Suspension within 48 hours (15s) / 12 hours (7s) of receipt by giving notice to the Designated Disciplinary Official and, ordinarily, specifying reasons