Incident Referral Form

This *Incident Referral Form* is established under Sections 22.1(b) & 22.1(c) of the *National Community Football Policy Handbook* and is for use by an Umpire, a Club or a Controlling Body Executive Officer to request review of an incident involving a Player or Football Official who was not reported during a match, and who they consider **may have** committed a Reportable Offence as defined under the *Laws of Australian Football*. Any evidence relied upon in support of the Incident Report is to be attached to this Incident Referral Form. NOTE: A fee may be payable to the Controlling Body by any Club seeking to lodge an Incident Referral.

PART A REPORT DETAILS

Match Details	Competition		Match Date		
	Venue		Grade		
	Home Team		Away Team		

Offending Person	Name		Player	☐	Jersey No	
	Club		Official	☐	Role	

Offended Person	Name		Player	☐	Jersey No	
	Club		Official	☐	Role	

What is the alleged Reportable Offence? (Refer to 22.2.2 of the Laws of Australian Football)	

PART B INCIDENT DETAILS

Quarter		Time of Quarter	

Where the incident occurred. The location on the field or within the venue where the incident occurred.	
What occurred Provide accurate detail of the incident: • exactly what happened, was observed, or was said • duration of the incident • anyone else involved in the incident	

Impact on Offended Person	The body location and type of any injury	
	Any on-field or off-field treatment required, including details of any medical treatment required	
	Whether the person resumed playing or officiating after the incident, and if so, how soon after going off.	

Version 2.0 [Last updated 28/11/2025]

PART C REFERRER'S GRADING OF OFFENCE

Classifiable Offences

CONDUCT	**Intentional**	☐	**Careless**	☐					
CONTACT	**Body**	☐	**High or Groin**	☐	**Chest (if female)**	☐			
IMPACT	**Low** Minimal or no impact on the match - the Player continued to play the majority of the match and suffered no or minimal ongoing issues	☐	**Medium** Clearly some impact on the Player, and/or the Player left the field for a lengthy period of time, and/or some possible lower level ongoing treatment(s) required and/or may miss one Match	☐	**High** Major impact on the Player, and/or the Player was unable to participate in the remainder of the Match, and/or major ongoing issues that require medical intervention and/or may miss some Matches.	☐	**Severe** Major impact and serious injury to the Person, and/or likely to miss a significant number of Matches	☐	

Auditory Offences

RECEIVER	**Umpire**	☐	**Other Person**	☐				
CONDUCT	**Medium / Low Level**	☐	**High Level**	☐	**Threatening**	☐		
	High-level and **Medium / Low-level Abusive, Obscene or Insulting language** includes rude, shocking or offensive language which may abuse, insult or offend any person or group. In grading whether Abusive, Obscene or Insulting language is High-level or Medium / Low-level, the following factors will be considered: (1) the nature of the language; (2) the tone of the language; (3) the extent of aggression in the language; (4) the actual or potential hurt caused by the language; (5) the body language of the offending Person.				**Threatening language** means language that conveys an intention to cause bodily harm or cause someone to feel vulnerable or at risk			
VOLUME	**Low**	☐	**Medium**	☐	**Loud**	☐		
	The language could be heard from no more than 10 metres away, and/or conversational language		The language could be heard from more than 10 metres away, but less than 50 metres away, and/or heard by other Players and/or heard by Football Officials		The language could be heard from more than 50 metres away or heard by spectators.			
OTHER	**Was the conduct by an Adult toward an underage Umpire?**	☐						
	Was the conduct by a Coach toward an Umpire (regardless of whether the offending person was performing the role of Coach at the time)?	☐						

PART D REFERRER SIGNATURE

Name		Role	
Club (if applicable)		Phone	
Signature		Date	

PART E LODGEMENT FEE & PAYMENT (for Club application only if fee is applicable)

Unless otherwise advised by the Controlling Body, ensure the following details are completed prior to lodgement of this form.

Lodgement Fee Amount (as advised by the Controlling Body)	$	Fee Paid	☐	Evidence of Payment Attached	☐