|  |  |  |  |
| --- | --- | --- | --- |
| **Part A – Citing Details** | | | |
|  | | | |
| **Match Details** | | | |
| Match Date |  | Match Venue |  |
| Round (of Fixture) |  | Grade / Age Group |  |
| Home Team |  | Away Team |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Offending Person Details (i.e. the person being cited)** | | | | |
| Player |  |  | Offending Person Name |  |
| Coach |  |  | Jersey Number or Role |  |
| Official |  |  | Offending Person’s Club |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Offended Person Details** | | | | |
| Player |  |  | Offended Person Name |  |
| Coach |  |  | Jersey Number or Role |  |
| Official |  |  | Offended Person’s Club |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Details** | | | |
| Time of incident |  | Quarter of Match |  |
| Where did the incident occur? The location on the field or within the venue where the incident occurred. |  | | |
| **What occurred?**  Provide accurate detail of:   * exactly what happened, was observed, or was said * duration of the incident * anyone else involved in the incident |  | | |
| **Details of any injury sustained by the offended person.**  Provide details of:  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. |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evidence Attached in Support of Citing** | | | | |
| **Witness statements attached?**  If “Yes”, provide details of who each statement is from, their role in the incident, date of statement, contact details. | **Yes** |  | ⇨ |  |
| **No** |  |  |
| **Film or images of incident attached?**  If “Yes”, detail the time in the film the incident occurred (e.g. at the 16.27 minute mark) and a brief summary of what is observed | **Yes** |  | ⇨ |  |
| **No** |  |  |
| **Medical Evidence Attached**  E.g. medical report, hospital admission report. If “Yes”, summarize what is attached. | **Yes** |  | ⇨ |  |
| **No** |  |
| **Other evidence attached?**  If “Yes”, provide details of what this is. | **Yes** |  | ⇨ |  |
| **No** |  |  |

|  |  |
| --- | --- |
| **Part B – Classification of Offence** | |
|  | |
| **Type of Offence** | |
| What is the *Reportable Offence* subject of the citing? (Refer to 22.2.2 of the Laws of Australian Football) |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grading of Offence (select one from each category)** | | | | | | | | |
| CONDUCT ⇨ | Careless |  | Intentional |  | | | | |
| CONTACT AREA ⇨ | Body |  | High or Groin |  | Chest (if female) |  | | |
| IMPACT ⇨  Impact Guide ⇨ | Low |  | Medium |  | High |  | Severe |  |
| Minimal or no impact on the match - the Player continued to play the majority of the match and suffered no or minimal ongoing issues. | | 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 | | 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. | | Major impact and serious injury to the Person, and/or likely to miss a significant number of Matches | |

|  |
| --- |
| **Part C – Signatory & Payment** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signatory** (of Person Lodging Citing) | | | |
| **Name** |  | **Your Club** |  |
| **Your Email** |  | **Your Phone** |  |
| **Signature** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Method** | | | |
| **Cheque Attached** |  |  | |
| **EFT** |  | **EFT Receipt No** |  |
| **Other** |  | **Details if Other** |  |