The Ontario Soccer Association
Referee Special Incident Report

This form must be submitted to the appropriate authority within 48 hours of the game or earlier if stipulated by the rules of the competition. This form is to be used to report a special incident that is not covered by a Referee Report Caution Form, a Referee Dismissal Form, or a Referee Assault Form (e.g. abandoned game, reporting misconduct by a Coach, outside interference by spectators). In any case involving physical contact with a game official, the Referee Assault Report form must be used.

PLEASE PRINT

GAME DETAILS

GAME NUMBER: _____

GAME: (Home Team) _____ VS: (Away Team) _____

HOME TEAM REG #: _____ AWAY TEAM REG. #. _____

LEAGUE/COMPETITION: _____ AGE GROUP: _____DIVISION: _____

DISTRICT ASSOCIATION(If Applicable): _____

PLAYED AT: _____ DATE: _____
(Field Name and City/Town) (DD/MM/YY)

INCIDENT DETAILS

The following incident occurred: before the game during the first half during the second half after the game at half time

If the names(s) of the person(s) involved are known, please provide below. Indicate the position of the person as a player, coach, manager, club official, spectator or other (specify).

Name	Team	Position	OSA REG. #

DESCRIPTION OF INCIDENT: Please use back of form to provide the description of incident.

REFEREE DETAILS

Referee: _____ _____
(Print your Name) (Signature of Referee)

OSA #: _____ DATE: _____
DD/MM/YY

Assistant Referee's Name:_____ OSA REG. #: _____
(Print your Name)

Assistant Referee's Name: _____ OSA REG. #: _____
(Print your Name)

For Office Use Only: Discipline Case #:_____

DESCRIPTION OF INCIDENT (CONTINUED)