

**SOUTHERN CONFERENCE LEAGUE**

**BRAWL REPORT FORM**

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| --- | --- |
| **Home Team:** | **Away Team:** |
| **Date of Game:** |
| **Time of Brawl:** | **Score at Time of Brawl:** |
|  |
| **BASIC FACTS** |
|  | **Name** | **Shirt Number** | **Team** |
| **Instigator:** |  |  |  |
| **Retaliator:** |  |  |  |
|  |
| **Please highlight which you consider to be the most appropriate:** |
| **Number of Players Involved:** | **3 or 4** | **4 or 5** | **5 or 6** | **7+** |
| **Number of Players Punching:** | **3 or 4** | **4 or 5** | **5 or 6** | **7+** |
| **Number of Players Running In:** | **Less than 2** | **3 or 4** | **5 or 6** | **7+** |
| **Number of Club Officials Involved:** | **0** | **1** | **2** | **3+** |
| **Number of Spectators Involved:** | **0** | **1** | **2** | **3+** |
| **Brawl Duration (seconds):** | **0-20** | **20-40** | **40-60** | **60+** |
|  |
| **Please note below injuries caused as a direct consequence of the brawl:** |
| **DVD Recording of Game:** | **YES** | **NO** | **If yes, by which club:** |
| **Medical Aid required (local/external) :** | **YES** | **NO** |  |
| **Was there a breach of Child Protection legislation:** | **YES** | **NO** |  |
| **Full description of brawl (use reverse if necessary)** |
|  |
| **Details of a previous caution administered to any player in the brawl:** |
| **Distance from incident (metres):** | **Possible Mistaken Identity:** | **YES** | **NO** |
|  |
| **REFEREE DETAILS** |
| **Name:** | **Society:** | **Signature:** |

This report must be forwarded by e-mail to Sean.Mills@rfl.co.uk

for receipt within THREE WORKING DAYS of the game.