



AFLQ INCIDENT REFERRAL FORM

- This form should be completed as soon as practical after the completion of the match and on the day of the match.
- Do not submit if you have made a Report by Umpire
- A copy of the form must be at AFLQ Coorparoo by 12:00pm on the first working day after the completion of the match.
- Please SMS the State Umpire Manager on 0410 438 156 to notify of referral

MATCH		V	
GRADE (Please Circle)	Senior	Reserves	
VENUE			
UMPIRE NAME			
ROLE (Please Circle)	Field	Boundary	Goal Observer Other
Referral (Please Circle)	VIDEO		INCIDENT

DETAILS

QUARTER		TIME	
VICINITY			
PLAYER / S / OFFICIALS INVOLVED			
PLAYER/ S / OFFICIALS REFERRED			
NATURE OF INCIDENT			
SIGNATURE	DATE		