



IRISH RUGBY FOOTBALL UNION  
**MATCH OFFICIAL ABUSE INCIDENT REPORT**

*To be completed and sent by the Referee/Touch Judge and forwarded to Kevin Beggs (kevin.beggs@irfu.ie)*

MATCH OFFICIAL'S NAME \_\_\_\_\_ DATE OF INCIDENT \_\_\_\_\_

FIXTURE: \_\_\_\_\_ V \_\_\_\_\_

Competition: \_\_\_\_\_ VENUE \_\_\_\_\_

PERSON/S RESPONSIBLE FOR ABUSE

Player

Coach:

Club Official

Spectator

NAME/S (if known) AND CLUB / TEAM PERSON/S RESPONSIBLE FOR ABUSE

LIST NAMES AND CLUB / TEAM OF ANY WITNESSES TO THE INCIDENT

NATURE OF ABUSE: e.g. Physical ☐ Verbal ☐ Other ☐

DESCRIBE DETAILS OF THE INCIDENT:

MATCH OFFICIAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_