



This form is to be used by a Club to request a review of footage under Rule 25.2.4 for a Reportable Offence that has not been subject of a Notice of Report by an Umpire. The form must be lodged with the Controlling Body by no later than 5.00pm on the next business day after the match, together with the footage and confirmation of payment of the prescribed fee.

PART A MATCH DETAILS

Match Date, Match Venue, Round (of fixture), Grade, Home Team, Away Team

PART B OFFENDING PERSON (person who is alleged to have committed the offence)

Person's Name, Person's Club, Person's Role (Player, Team Official, Umpire), Jersey No, Official Role, Umpire Role (Field, Boundary, Goal)

PART C OFFENDED PERSON (person who offence was committed against)

Person's Name, Person's Club, Person's Role (Player, Team Official, Umpire), Jersey No, Official Role, Umpire Role (Field, Boundary, Goal), Person's Phone, Person's Email

Details of any injury sustained by the offended person, including: The body location and type of any injury, Any on-field or off-field treatment required, including details of any medical treatment. Whether the person resumed playing or officiating after the incident, and if so, when. Attach any incident and/or medical report

Large text area for injury details

PART D INCIDENT DETAILS

Quarter of Match, Time of Incident in Qtr, Footage Attached (Yes/No), Timestamp of Incident in Footage, Link to Footage (if not attached), Owner of Footage

Provide a description of the incident as observed in the footage.

**PART E CLASSIFICATION & GRADING OF OFFENCE**

What is the Reportable Offence subject of the citing? (22.2.2 of the Laws of Australian Football)

Conduct  Careless  Intentional

Contact Area  Body  High or Groin  Chest (if female)

Impact <input type="checkbox"/>	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Severe <input type="checkbox"/>
	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 F PAYMENT & SIGNATORY**

Payment Made Yes  No  Receipt No.

Your Name  Your Club

Your Email  Your Phone

Signature  Date