



THE ONTARIO SOCCER ASSOCIATION  
**REFEREE SPECIAL INCIDENT REPORT FORM**

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

PLEASE PRINT  
**GAME DETAILS**

GAME NUMBER			
GAME (HOME TEAM)		VS (AWAY TEAM)	
HOME TEAM REGISTRATION NUMBER		AWAY TEAM REGISTRATION NUMBER	
LEAGUE/COMPETITION		AGE GROUP	DIVISION
DISTRICT ASSOCIATION (IF APPLICABLE)			
PLAYED AT		DATE	
(Field Name and City/Town)		(dd-mmm-yr) (time)	

**INCIDENT DETAILS**

The following incident occurred:  Before the game  During the second half  At half time  
 During the first half  After the game

If the name(s) of the person(s) involved are known, please provide below. Indicate whether each person is a player, coach manager, trainer, club official, spectator or other (specify):

NAME	TEAM	POSITION	OSA REGISTRANT NUMBER

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

**REFEREE DETAILS**

Referee Name	Signature of Referee
O.S.A. Registrant Number	Date
Assistant Referee Name	O.S.A. Registrant Number
Assistant Referee Name	O.S.A. Registrant Number