South Coast Hockey Association
P.O. Box 652
Goolwa. S.A. 5214
ABN: 30 917 963 898
www.southcoasthockey.org.au

Umpire Report Form

Game & Match Details

- **Date of Match:** _____
- **Competition / Division:** _____
- **Venue:** _____
- **Match Time:** _____
- **Home Team:** _____
- **Away Team:** _____
- **Final Score:** _____
- **Penalty shoot-out score if applicable:** _____

Umpire Details

- **Reporting Umpire Name:** _____
- **Level of umpire:** _____
- **Other Umpire (Name):** _____
- **Tech bench officials:** _____
- **Contact details of reporting umpire:** _____

Player / Team Official Details

- **Name of Reported Person:** _____
- **Team / Club:** _____
- **Shirt Number (if applicable):** _____
- **Role:** ☐ Player ☐ Coach ☐ Manager ☐ Other: _____

Card Issued

- **Type of Card:** ☐ Green ☐ Yellow ☐ Red
- **Time of Incident (minute of game):** _____
- **Location on Field (circle or describe):** _____

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Reason for Report

(Select all that apply and provide details below)

- ☐ Physical Abuse
- ☐ Verbal Abuse / Dissent
- ☐ Dangerous Play
- ☐ Misconduct after Whistle
- ☐ Unsportsmanlike Behaviour
- ☐ Repeated Offence / Persistent Infringement
- ☐ Breach of code of conduct
- ☐ Other (please specify): _____

Description of Incident

(Be factual. No opinions, no guessing — only what was seen or heard.)

Lead-Up to the Incident

(Were there previous warnings, persistent infringements, or escalating behaviour?)

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Actions Taken

(Describe your decision-making: why the card was issued, communication with players, coaches, and the other umpire.)

Behaviour After the Incident

(Any reactions from the player, team officials, or spectators? Was play disrupted?)

Additional Notes

(Any context the tribunal committee should know — game temperature, repeated issues, etc.)

Confirmation

I confirm that this report is an accurate record of the incident to the best of my knowledge.

Signature: _____ **Date:** _____