



REQUEST FOR INVESTIGATION



This form must be completed and submitted in accordance with the AFLQ State Junior Football Investigation Guidelines

Date Submitted: _____

Action taken, if any, by the Umpire	Type of Action Taken (Please Tick)	
	<input type="radio"/> Free Kick	<input type="radio"/> 50m Penalty
	<input type="radio"/> Yellow Card	<input type="radio"/> Red Card
Please note that if action for the incident was taken by the umpire, an investigation will not be carried out. Please continue below if no action was taken.		

Club Requesting Investigation: _____

Competition: _____

Age Group / Division: _____

Date of Incident: _____

Opposing Club: _____

Names of Players/Officials involved: _____

Witnesses: *Include person/s involved in incident (e.g. Player #10) and up to three (3) additional witnesses (must be listed on the Team Sheet). Include witness name, phone number and email*



REQUEST FOR INVESTIGATION



Time of Incident	
-------------------------	--

Law of the Game (refer to AFL Laws of the Game Rule) or point of Code of Conduct breached	
--	--

Extra Evidence (Does club have extra evidence available?)	Does the club have extra evidence available? If yes, please circle: <div style="display: flex; justify-content: space-around; width: 100%;"> Video Medical Report </div>
--	---

Club Endorsement	
Signature (Club President)	Name
Email	Contact Telephone No