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|  | **THE GWENT COUNTY FOOTBALL ASSOCIATION**  **Referees Report of Misconduct Form -Player/Official** |
| Each Report Form **MUST** be sent **within 2 days of the occurrence** to the:  **Association Assistant Secretary Discipline: K.R. Jones.**  **Post: 39 Chester Close, Heolgerrig, Merthyr Tydfil, CF48 1SW1.**  **Email: kevin.jones@gwentfa.co.uk** | |

**Referees are advised to keep their statement below specific to the actual incident**

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| --- | --- |
| Referees Name: | Click or tap here to enter text. |
| Home Club: | Click or tap here to enter text. |
| Away Club: | Click or tap here to enter text. |
| Played at: | Click or tap here to enter text. |
| League or Competition: | Click or tap here to enter text. |
| Date of Game: | Click or tap to enter a date. |
| Comet Round Number | Click or tap here to enter text. |
| Name of Player/Official Reported: | Click or tap here to enter text. |
| Comet ID: | Click or tap here to enter text. |
| Player/Officials Club: | Click or tap here to enter text. |

**Referees Statement:**

Click or tap here to enter text.