



REPORT FORM

Tribunal Hearing 1

Name:	OF	TEAM
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Is reported for the following:

<input type="checkbox"/> Any supporting information attach to this page

The alleged offence took place

Date:		Time:	
Location: Wodonga Sports & Leisure Centre		Teams involved	
I (umpire/official) have advised (the reported player, their team, coach or captain) of this report at (time and date).			

The Match Officials were:

Name:	Name:	
If this report proceeds to a tribunal hearing, I request that the following persons be requested to attend any hearing as Witness/s to the incident to which this charge relates. (Umpires/Match Managers – only to complete)		
Reporting Person	Print Name:..... Signature:.....	Date:
Telephone:		Postal address:
		E-mail:

CONTACT FOR ACCEPTANCE OF REPORTS

Contact	Position	Phone	EMAIL
	Border Indoor Hockey coordinator Matt Davis		

FOR USE BY BIH ONLY

Set penalty appropriate/offered:..... Set penalty accepted:.....

Signed on behalf of BIH:.....

Date: Time:

Notes:

REPORT CHECKLIST

(completed by BIH)

A report against:

	of		Team
Was received on..... atam/pm <input type="checkbox"/> Copy of receipt attached if applicable.			
The reported person.....Signed:..... Their team captainSigned:..... Have been provided with a copy of the report. Time:..... Date:			
The following actions resulted			
<input type="checkbox"/> Set penalty accepted by reported person.			
<input type="checkbox"/> Set penalty rejected by reported person.			
<input type="checkbox"/> Reported person did not contact BIH			
<input type="checkbox"/> A Tribunal hearing has been set down for			
..... (Time) (Date) (Venue)			
The following persons have been advised of the Time and Date of the Tribunal meeting and advised their attendance is required.			

Signed BIH:	Date:
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Tribunal Finding and comments:

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Penalty:.....

Time and Date of Decision:

Signed:Chair of BIH Tribunal