

REPORT OF ASSAULT

G.3

TO: THE MANITOBA SOCCER ASSOCIATION DISCIPLINARIAN
200 Main Street, Winnipeg, Manitoba R3C 4M2 Telephone: 925-5752 Fax: 925-5792

I _____, MSA # _____, wish to report that on ____/____/____
Referee / Assistant Name Day Month Year
at approximately ____:____ (am/pm), I was assaulted (as defined by the C.S.A)
Time Delete one
by a: _____, identified as being _____, # _____
Player, team official, supporter Name
of _____, playing in the _____, of the _____
Team Division League

The assault against me included the following actions committed by the above-named person:

- Threatened verbally to physically assaulted me at that time, or a later time.
- Deliberate physical contact by: Pushing, Pulling, Charging or attempting either.
- Deliberate violent contact: Striking, Kicking, Spitting or any other form of violence.

The assault, as described in the attached report, was witnessed by the following people and who are willing to submit a statement, or appear as a witness if required.

1. _____
Name Affiliated with Phone
2. _____
Name Affiliated with Phone

The assault was also witnessed and reported by the appointed Assistant Referees:

Official # _____ Official # _____
Name Name

The assault (was / was not) reported to the POLICE on: ____/____/____
Delete one Day Month Year
File No. _____ charges (have / have not yet) been laid by the police.
Delete one

COPIES SENT TO: MSRA Secretary Director of Referees League

This form was sent on ____/____/____ Via: Courier Fax: Delivered
Day Month Year

Enclosure: Reports: Assistant's, Police, Witness, Medical (circle if enclosed)

DATE RECEIVED AT MSA

