

# REFEREE RESTRAINT REPORT FORM

## CONFIDENTIAL



### 1. Basic Information

Name of Club:	
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Name of Child:		Age:	
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Name of Coach:	
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Name of Team Manager:	
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Name of Referee:	
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**If you have the team sheet then please attach it.**

### 2. Events leading to the incident

2.1. Where did the incident occur?
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2.2. When did the incident occur?
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2.3. How did the incident begin?
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### 3. Describe the incident

3.1. What was happening at the time?

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3.2. Who else was involved?

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3.3. Who else witnessed what happened? (give details).

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3.4. What did you do to try to resolve the situation before using restraint?

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3.5. How did you restrain the child?

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### 4. Injuries Sustained

Was anyone injured?      Yes/No

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If yes, give details.

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## 5. Follow Up Action

5.1. The incident was report by:

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5.2. The parent or carer was informed by:

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**Incident form completed by:**

Name:

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Address:

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Email:

Phone numbers:

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**Dated:**

PLEASE SEND THIS TO:  
RFU SAFEGUARDING EXECUTIVE  
Rugby House, Rugby Road, Twickenham, TW1 1DZ  
[rmg@therfu.com](mailto:rmg@therfu.com)  
0208 831 7479