The purpose of this report is to quickly establish any problems with players’ behaviour both on and off court so that should any disciplinary action be necessary, it can be implemented without undue delay.

The Report is two sections (a) On-site Offences (b) Off-court Offences. **With the On-site offences, this section is to be completed by the Match Referee.** Please make sure that this form is signed by the relevant personnel before submitting.

| EVENT: | ................................................................. |
| DATES: | ..................................................................... |
| TOURNAMENT REFEREE: | ..................................................................... |

**SECTION A.**

**CODE REFERENCE**

**PLAYER ON-SITE OFFENCES**

- A. LATE WITHDRAWAL
- B. PUNCTUALITY
- C. DRESS & EQUIPMENT
- D. LEAVING COURT
- E. BEST EFFORTS
- F. FAILURE TO COMPLETE MATCH
- G. MEDIA CONFERENCE
- H. CEREMONIES
- I. AUDIBLE OBSCENITY
- J. VISIBLE OBSCENITY
- K. ABUSE OF BALL
- L. ABUSE OF RACKET OR EQUIPMENT
- M. VERBAL ABUSE
- N. PHYSICAL ABUSE
- O. UNSPORTMANLIKE CONDUCT
- P. DEFAULTS

* Note: Not all Codes are currently applicable to WSF so will be amended if necessary.

<table>
<thead>
<tr>
<th>Player Involved:</th>
<th>Opponent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Incident:</td>
<td>Event round:</td>
</tr>
<tr>
<td>Match / Central Referee:</td>
<td>Match / Side Markers:</td>
</tr>
<tr>
<td>Grade:</td>
<td>Grade(s):</td>
</tr>
</tbody>
</table>

Match Score: ................................................

Penalty: ................................................................

Code: .......................................................... Match Score: ................................................

2nd Code: (if applicable) ......................... Match Score: ................................................
Description of violation(s):

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General comments:

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Witnesses (if any) – name, Email address, contact number(s)

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SIGNED:

Match Referee: .........................................................

Tournament Referee: .........................................................

DATE: .........................................................

(Please remember, this form should be returned to the responsible office within 7 days of the completion of the event).

WSF: 25 Russell Street, Hastings, E Sussex, TN34 1QU, UK
Fax: +44 (0) 1424 430737 Email: admin@worldsquash.org

PSA: Studio 1, 46 The Calls, Leeds, LS2 7EY, UK
Email: office@psaworldtour.com
SECTION B. Off-court Offences

Should any incident occur which you consider has been prejudicial to the tournament can you please detail it below. Most importantly, please give names of witness/s and if possible, attach written statement(s) of such witness/s. You may also wish to attach additional supporting documentation with this complaint.

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SIGNED:

Event Director: ....................................................................................................................

DATE: .................................................................................................................................

(Please remember, this form must be returned to the responsible office within 7 days of the completion of the event).