## Racism & Discrimination Referral Form



1. Name of Complainant:			
Age (At time of incident):			
2. Name of victim (if different	from complainant):		
Age: (At time of incident)			
Role/position (complainant):		_	
Contact Address:		_	
		_	
Tel No(s) (complainant)::			
Email / Fax (complainant)::		_	
		-	
Club (complainant):	League:		
County FA:			_

## 3.Details of Alleged Incident (as much detail as possible, particularly regarding perpetrator(s)) including, where possible:

- Date & Time of incident
- Fixture
- Location
- Name(s) of perpetrator(s) and/or physical description
- Details of exactly what happened (what was done/said and by whom)
- Any other relevant details before or after the incident
- Anything that has happened since (e.g. complaints already made)



Date / Time of incident:			
Location of incident or ground:			
Fixture (full team names, league and age groups):			
Who was involved (names/descriptions/numbers/position) :			
Exact details of the incident:			
Has any action been taken already, either at the time of the offence or afterwards:			
Were there any other witnesses that we can contact, this may make your case stronger. If yes, please give us their details:			
Other organisations contacted/reported to: (e,g. Police, Clubs, Leagues – if YES, obtain contact details, case reference number etc)			
Additional Comments:			
Are you (the complainant) willing to provide a statement to The FA:			

## **Additional Information Sheet**