

CODE OF CONDUCT REPORT FORM

To be completed and emailed to the email addresses at the bottom of page 2 within fourteen (14) days of the completion of the event.

The purpose of this report is to quickly establish any problems with players' behaviour both on and off court so if any disciplinary action is necessary, it can be implemented without undue delay. Please provide any other information that you believe to be relevant (pictures, videos, etc.).

There are two sections to this form;

Third Penalty:

Fourth Penalty:

- Section A On Court Offences, this section is to be completed by the Match Referee.
- Section B Off Court Offences, this section to be completed by any observer of unacceptable behaviour.

Please ensure this form is signed by the relevant	t personnel before submitting.
Event: Dates: Tournament Referee: SECTION A – On Court Offences CODE REFERENCE	
A. ABUSE, VERBAL B. ABUSE, PHYSICAL C. ABUSE OF BALL D. ABUSE OF RACKET OR EQUIPMENT E. BEST EFFORT F. DANGEROUS PLAY G. DEFAULT H. DELAY OF GAME I. DISSENT	J. DRESS AND EQUIPMENT K. INTIMIDATION L. LATE BACK ON COURT M. LEAVING COURT WITHOUT PERMISSION N. OBSCENITY, AUDIBLE O. OBSCENITY, VISIBLE P. UNSPORTING CONDUCT Q. OTHER
Player Involved:	Opponent:
Date of Incident:	Event round:
Match / Central Referee / Level:	Marker / Side Referees / Level:
First Penalty:	Code: Match Score:
Second Penalty:	Code: Match Score:

Code:

Code:

Effective Date: 01-Apr-2018

Match Score:....

Match Score:....

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copy to:	Administrator, Arthur Hough Email: arthur@squashalberta.com	SUBMIT
	ompleted form to the email addresses be event. The form should be submitted Case Manager, Grant Currie Email: currieg@shaw.ca	
	omnleted form to the email addresses	
Date:		
Tournament Referee: Tournament Director:		
Match Referee: Tournament Referee:		
Signatures:		
witnesses (ir any) – na	me, email, contact number(s)	
Witnesses (if any) na	ma amail contact number(s)	
General comments:		
Description of violation	(s) (if more space is required please use the	e back of this page):

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SECTION B – Off Court Offences

Should any incident occupation detail it below. Most statement(s) of such withis complaint.	t importantly,	please give n	names of w	vitness(s) a	and if possible	, attach written
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						······································
			•••••			
	••••					
Signatures:						
Complainant (Name and	d Signature):					
Tournament Director:						
Date:			•••••			
Please submit the completed form to the email addresses below within fourteen (14) days of the completion of the event. The form should be submitted by either the Tournament Director or the Tournament Referee.						
Squash Alberta:	Case Manage Email: currie		rrie			SUBMIT
copy to:	Administrato Email: arthu					

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