



**MANITOBA SOCCER ASSOCIATION
MISCONDUCT TOWARDS A MATCH OFFICIAL REPORT**



For misconducts #1-7 listed below or if multiple misconducts have been checked, send the report to the MSA Office within 24 hours of the match by e-mail and deliver the report and ID card to the MSA. If only misconduct #8 or #9 is selected, send the report and ID card directly to the corresponding Member League

Competition: _____ Division: _____

Location: _____ Date: _____ Time: _____

Home Team: _____ Away Team: _____

Final Score: _____

Name: _____ Team: _____ Player's #: _____

When did the misconduct or incident occur (mark one):	Before Match:		During Match:		After Match:	
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Had the individual who carried out the misconduct been dismissed before the incident took place?	Yes		No	
If yes, has the Dismissal Report been submitted?	Yes		No	

Time of Dismissal: _____ Score at time of Dismissal: _____

Towards which Match Official(s) was the misconduct directed (check all that applies):

Referee		AR1		AR2		4 th Official		Other	
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If other, please indicate towards whom the misconduct was directed. _____

Indicate which misconduct(s) towards a Match Official took place (check all that apply):

<input type="checkbox"/>	1. Physical Assault of a Match Official including pushing, punching and kicking
<input type="checkbox"/>	2. Physical Assault where a thrown object strikes the Match Official
<input type="checkbox"/>	3. Physical Assault by spitting on the Match Official
<input type="checkbox"/>	4. <u>Attempted</u> Physical Assault of a Match Official
<input type="checkbox"/>	5. <u>Attempted</u> Physical Assault where an object is thrown in the direction of the Match Official
<input type="checkbox"/>	6. <u>Attempted</u> Physical Assault by spitting in the direction of the Match Official
<input type="checkbox"/>	7. Threatening behaviour towards a Match Official
<input type="checkbox"/>	8. Bringing the game into disrepute (including all incidences that occur after a dismissal)
<input type="checkbox"/>	9. Physical contact with a Match Official judged not to be assault related





**MANITOBA SOCCER ASSOCIATION
SPECIAL INCIDENT AND MISCONDUCT TOWARDS
A MATCH OFFICIAL REPORT**



If #7 has been marked, please indicate what threatening behaviour was directed towards the Match Official (check all that applies):

Verbal words or comments		Physical Gestures		Intimidation	
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Was the misconduct or incident witnessed by another member of the officiating crew or by another individual? (yes/no): _____ If yes, please indicate by whom: _____

Has the witness been asked to submit a report? (yes/no): _____

DESCRIPTION REQUIRED: Please provide a brief account of the incident below or attach a separate report.

Name of Referee: _____ **Date:** _____

Signature: _____ **MSA #:** _____

TO BE COMPLETED BY MSA DISCIPLINE COMMITTEE REPRESENTATIVE ONLY:

Suspension for:		matches, which includes the one automatic match.	
Comments:			
Representative Signature:		Date:	

