EVENT:

DATES:



CODE OF CONDUCT REPORT FORM (PLAYERS)

To be completed and received at the Squash South Africa (SSA) Office within one week (7 days) of the completion of the event. This official form must be used in all instances.

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.

TOURNAMENT REFEREE:					
SEC	CTION A: On-site Offences				
со	DE REFERENCE				
A. LATE WITHDRAWAL B. PUNCTUALITY		J. VISIBLE OBSCENITY			
		K. ABUSE OF THE BALL			
	C. DRESS & EQUIPMENT	L. ABUSE OF RACKET OR EQUIPMENT			
	D. LEAVING COURT	M. VERBAL ABUSE			
	E. BEST EFFORTS	N. PHYSICAL ABUSE			
	F. FAILURE TO COMPLETE MATCH	O. UNSPORTSMANLIKE CONDUCT			
	G. MEDIA CONFERENCE	P. TIME WASTING			
	H. CEREMONIES	Q. DEFAULTS			
	I. AUDIBLE OBSCENITY				
	Player Involved:	Opponent:			
	Date of Incident:	Event Round:			
	Match / Central Referee:	Marker / Side Referees:			
	Grade:	Grade(s):			
Ma	etch Score:				
Pei	nalty:				
Code:		Match Score:			
2nd Code: (if applicable)		Match Score:			



Description of violation	ı(s):			
General comments:				
Witnesses (if any) no	ma Email address, sontast number	-(c)		
withesses (ii any) – na	me, Email address, contact number	(5)		
SIGNED:				
Match Referee:				
Tournament Referee:				
DATE:				
(Please remember, th event).	is form should be returned to the	e SSA office wi	thin 7 days of t	he completion of the

SSA: P.O. Box 613, Northlands, 2116, South Africa

Fax: 086 687 0741 E-mail: info@squashsa.co.za



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.					
SIGNED:					
DATE: .					

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