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www.schoolsfootball.org

Witness Statement Form

Please complete this form as fully and accurately as possible. Any information included within this form may be used in disciplinary or any other proceedings. This includes the disclosure of this completed form to any participant charged in relation to the incident witnessed.

If you need additional space, please continue on a separate sheet and indicate which question your response relates to.

Personal Details

Your Name	
Your Role (E.g. Player, Referee, Club Official, League Official, Spectator, etc.)	
Club (if applicable)	

Fixture Details (if applicable)

Date of Fixture	
Teams Involved	
Competition (if known)	

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Incident Details

Describe exactly what happened in chronological (time) order. This must only include what you saw and/or heard. Record any language that you heard directly in speech marks (“ ”):

Incident Details (continued)

When did it happen? E.g. before kick-off or approx. 30 minutes into the match:

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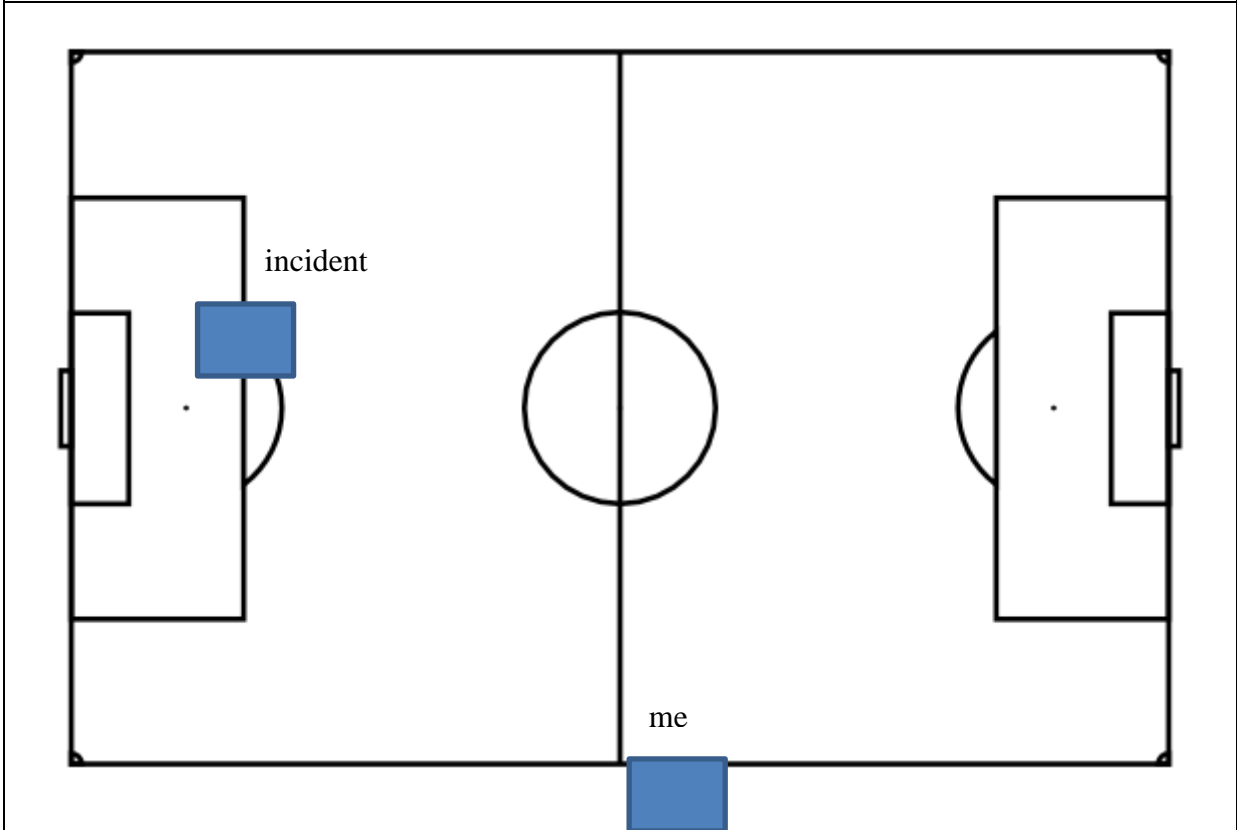
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Where did the incident happen and where were you? Use the pitch diagram if applicable:

Blank space for writing the location of the incident and the respondent's position.



Was any action taken by the referee or anyone else? If so, what action was taken and by whom:

Blank space for writing details of any actions taken by the referee or others.

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Did you report the incident to anyone? If so, who did you report it to and when:

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Please include any other information that may assist the investigation below:

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By submitting this witness statement, you agree that the information detailed is accurate and factual to the best of your knowledge, information and belief.

Would you be willing to attend a disciplinary hearing if required?

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Your Signature

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Date

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Once completed, please send the form to: discipline@schoolsfa.com – a scan or clear photo is acceptable.

ESFA USE ONLY

Date form sent out:

Date form returned:

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