

Corrective Action Request

Submitter Information

Name: _____ Date Submitted: _____

Phone: _____ Email: _____

Address: _____ City: _____

State: ____ Zip: _____ Date Occurred: _____

Incident Information

Name/team of offending party: _____

Was there a threat of safety or injury: _____

Was a referee, coach or other Rugby Oregon official notified? If so, who: _____

Nature of Offense (please describe in detail) _____

Form may be submitted to the Rugby Oregon Disciplinary Chair at dchair@rugbyoregon.com.

Form may also be submitted directly to Rugby Oregon at info@rugbyoregon.com or

Rugby Oregon

4506 SE Belmont Street, Suite 204

Portland, OR 97215