

**PHYSICAL CONTACT REPORT FORM**

TO: EXECUTIVE DIRECTOR  
NEW HAMPSHIRE INTERSCHOLASTIC ATHLETIC ASSOCIATION  
25 1 CLINTON STREET, CONCORD, NEW HAMPSHIRE 03301-8432  
(603) 228-8671 FAX (603) 225-7978 E-MAIL info@nhiaa.org

FROM: \_\_\_\_\_  
(NAME OF OFFICIAL)

SUBJECT: REPORT OF VIOLATION OF NHIAA SPORTSMANSHIP BY-LAW  
ARTICLE VIII, SECT. 2: "A PLAYER OR COACH WHO MAKES  
PHYSICAL CONTACT WITH AN OFFICIAL BEFORE, DURING, OR AFTER  
ANY NHIAA SANCTIONED CONTEST, BOTH REGULAR SEASON AND  
TOURNAMENT PLAY, SHALL BE SUSPENDED FROM THE GAME  
IMMEDIATELY AND BANNED FROM FURTHER PARTICIPATION IN  
ALL SPORTS FOR ONE CALENDAR YEAR (365 DAYS) FROM THE DATE  
OF THE OFFENSE."  
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**REPORT OF INCIDENT**

- 1) DATE OF EVENT: \_\_\_\_\_
- 2) SPORT: \_\_\_\_\_
- 3) TEAMS INVOLVED: \_\_\_\_\_
- 4) NATURE OF INCIDENT (PLEASE BE SPECIFIC AND INCLUDE NAMES AND NUMBERS OF VIOLATORS):

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*ALL INCIDENTS MUST BE REPORTED 24 HOURS REGARDLESS OF THE SEVERITY OF THE INCIDENT A COPY OF THIS SHALL BE MAILED TO THE SUPERVISOR OF OFFICIALS FOR YOUR SPORT.*