



Attachment 4-1: REPORTING REQUIREMENTS AND DOCUMENTS

RECORD OF COMPLAINT

NAME OF PERSON RECEIVING COMPLAINT		DATE
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ABOUT THE COMPLAINANT

COMPLAINANT'S NAME		<input type="checkbox"/> OVER 18
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COMPLAINANT'S PHONE		<input type="checkbox"/> UNDER 18
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COMPLAINANT'S EMAIL	
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COMPLAINANT'S ROLE/STATUS WITHIN THE ORGANISATION	<input type="checkbox"/> PARENT	<input type="checkbox"/> ATHLETE/PLAYER
	<input type="checkbox"/> COACH	<input type="checkbox"/> SPECTATOR
	<input type="checkbox"/> OFFICIAL	<input type="checkbox"/> OTHER
	<input type="checkbox"/> VOLUNTEER	

COMPLAINT – PERSON/OFFENDER

NAME OF PERSON COMPLAINED ABOUT		<input type="checkbox"/> OVER 18
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LOCATION/EVENT OF ALLEGED ISSUE		<input type="checkbox"/> UNDER 18
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PERSON COMPLAINED ABOUT ROLE/STATUS IN CLUB	<input type="checkbox"/> PARENT	<input type="checkbox"/> ATHLETE/PLAYER
	<input type="checkbox"/> COACH	<input type="checkbox"/> SPECTATOR
	<input type="checkbox"/> OFFICIAL	<input type="checkbox"/> OTHER
	<input type="checkbox"/> VOLUNTEER	

NATURE OF COMPLAINT (CATEGORY/BASIS/GROUNDS)

<input type="checkbox"/> HARASSMENT	<input type="checkbox"/> RELIGION	<input type="checkbox"/> CHILD ABUSE
<input type="checkbox"/> RACIAL	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> UNFAIR DECISION
<input type="checkbox"/> COACHING METHODS	<input type="checkbox"/> SEXUAL/SEXIST	<input type="checkbox"/> SEXUALITY
<input type="checkbox"/> DISCRIMINATION	<input type="checkbox"/> VERBAL ABUSE	<input type="checkbox"/> PERSONALITY CLASH
<input type="checkbox"/> BULLYING	<input type="checkbox"/> VICTIMISATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PHYSICAL ABUSE	<input type="checkbox"/> PREGNANCY	



COMPLAINT - DETAILS

DESCRIPTION OF ALLEGED ISSUE

WHAT THEY WANT TO HAPPEN TO FIX ISSUE

INFORMATION PROVIDED TO THEM

RESOLUTION AND/OR ACTION TAKEN

FOLLOW-UP ACTION
