



Complaints Form

Complainant contact details

Name	
Phone	
Email	
Address	

Affiliation

Club Organisation			
Regional Organisation			
Age	Under 18		18 years or over

Complainant's role/status (select all that apply)

	Participant		Coach/Assistant Coach		Manager
	Employee (paid)		Administrator (volunteer)		Official
	Other volunteer (provide details)		Parent		Supporter
	Support Person		Other (provide details)		

Details of Person complained about (Respondent)

Name				
Club Organisation				
Regional Organisation				
Age	Under 18		18 Years or over	

Respondent's role/status (select all that apply)

	Participant		Coach/Assistant Coach		Manager
	Employee (paid)		Administrator (volunteer)		Official
	Other volunteer (provide details)		Parent		Supporter
	Support Person		Other (provide details)		

Nature of complaint (select as many as relevant)

	Club/organisation management issue		Unfair decision		Coaching issue
	Verbal abuse		Bullying		Sexual harassment
	Racism		Discrimination		Physical abuse/assault
	Other (provide details)				

Date(s) of incident(s)

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Location of incident

	Competition		Training		Other (provide details)
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Description of incident/complaint:

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Details of any witnesses

Name	
Contact Details	
Name	
Contact Details	
Name	
Contact Details	
Name	
Contact Details	

Action taken so far (if any) to attempt to resolve matter, or ensure safety:

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***If relevant: Agency contacted (including the Police)**

Who	
When	
Advice provided	

Complainant Confirmation

Name	
Signature	
Date	