

RECORD OF FORMAL COMPLAINT

Complainant's Name	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Date formal complaint received	
Complainant's contact details	Phone: Email:
Complainant's role/position	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Athlete / player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach / assistant coach <input type="checkbox"/> Support personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Official
Name of person complained about (respondent)	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Respondent's role/position	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Athlete / player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach / assistant coach <input type="checkbox"/> Support personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Official
Location/event of alleged incident	
Description of alleged incident	
Nature of the complaint Category/basis/grounds (Tick more than one box if necessary)	<input type="checkbox"/> Harassment or discrimination <input type="checkbox"/> Disability <input type="checkbox"/> Sexual / sexist <input type="checkbox"/> Child abuse <input type="checkbox"/> Sexuality <input type="checkbox"/> Coaching methods <input type="checkbox"/> Race <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Religion <input type="checkbox"/> Physical abuse <input type="checkbox"/> Pregnancy <input type="checkbox"/> Victimisation <input type="checkbox"/> Selection dispute <input type="checkbox"/> Unfair decision <input type="checkbox"/> Personality clash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bullying
Methods (if any) of attempted informal resolution	
Formal resolution procedures followed (outline)	



If investigated	Finding:
If heard by tribunal	Decision: Action recommended:
If mediated	Date of mediation: _____ Both/all parties present: _____ Agreement: Any other action taken:
If decision was appealed	Decision: Action recommended:
Resolution	<input type="checkbox"/> Less than 3 months to resolve <input type="checkbox"/> Between 3-8 months to resolve <input type="checkbox"/> More than 8 months to resolve
Completed by	Name: _____ Position: _____ Signature: _____ Date: _____
Signed by	Complainant: Respondent:

This record and any notes must be kept confidential and secure. If the issue becomes a formal complaint, this record is to be given to MPIO.

