

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	<table border="0"> <tr> <td><input type="checkbox"/> Administrator (volunteer)</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Athlete / player</td> <td><input type="checkbox"/> Spectator</td> </tr> <tr> <td><input type="checkbox"/> Coach / assistant coach</td> <td><input type="checkbox"/> Support personnel</td> </tr> <tr> <td><input type="checkbox"/> Employee (paid)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Official</td> <td>_____</td> </tr> </table>	<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	_____								
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Name of person complained about (respondent)	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18																		
Respondent's role/position	<table border="0"> <tr> <td><input type="checkbox"/> Administrator (volunteer)</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Athlete / player</td> <td><input type="checkbox"/> Spectator</td> </tr> <tr> <td><input type="checkbox"/> Coach / assistant coach</td> <td><input type="checkbox"/> Support personnel</td> </tr> <tr> <td><input type="checkbox"/> Employee (paid)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Official</td> <td>_____</td> </tr> </table>	<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	_____								
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Location/event of alleged incident																			
Description of alleged incident																			
Nature of the complaint Category/basis/grounds (Tick more than one box if necessary)	<table border="0"> <tr> <td><input type="checkbox"/> Harassment or discrimination</td> <td><input type="checkbox"/> Disability</td> </tr> <tr> <td><input type="checkbox"/> Sexual / sexist</td> <td><input type="checkbox"/> Child abuse</td> </tr> <tr> <td><input type="checkbox"/> Sexuality</td> <td><input type="checkbox"/> Coaching methods</td> </tr> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Verbal abuse</td> </tr> <tr> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Physical abuse</td> </tr> <tr> <td><input type="checkbox"/> Pregnancy</td> <td><input type="checkbox"/> Victimization</td> </tr> <tr> <td><input type="checkbox"/> Selection dispute</td> <td><input type="checkbox"/> Unfair decision</td> </tr> <tr> <td><input type="checkbox"/> Personality clash</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Bullying</td> <td>_____</td> </tr> </table>	<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"/> Victimization	<input type="checkbox"/> Selection dispute	<input type="checkbox"/> Unfair decision	<input type="checkbox"/> Personality clash	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Bullying	_____
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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 complaint is of a serious nature, or if it is taken to and/or dealt with at the national level, the original record must be provided to Gridiron Australia and a copy kept with the organisation where the complaint was first made.

