

RECORD OF TRIBUNAL DECISION

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|---|--|---|
| Complainant's Name (if other than the child) | Date | |
| Complainant's role/position | <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / assistant coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official | <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support personnel <input type="checkbox"/> Other: _____ |
| Name of person complained about (respondent) | | |
| Respondent's role/position | <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / assistant coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official | <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support personnel <input type="checkbox"/> Other: _____ |
| Location/event of alleged issue | | |
| Description of alleged issue | | |
| Nature of the complaint Category/basis/grounds (Tick more than one box if necessary) | <input type="checkbox"/> Harassment or discrimination <input type="checkbox"/> Sexual / sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Disability <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Discrimination <input type="checkbox"/> Personality Clash <input type="checkbox"/> Bullying <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimisation <input type="checkbox"/> Other: _____ |
| Methods (if any) of attempted informal resolution | | |
| Support person (if any) | | |
| Tribunal members | | |



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|---|--|
| Tribunal date and venue | |
| Tribunal decision (attach report) | |
| Action recommended and any follow up report required | |
| Decision appealed | |
| Date appeal lodged | |
| Appeal hearing date | |
| Appeal decision (attach report) | |
| Action recommended | |
| Completed by | <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p> |
| Signed by | <p>Complainant: _____</p> <p>Respondent: _____</p> |

