



# GRIDIRON AUSTRALIA

American Football – The Australian Way

## COMPLAINTS REPORTS

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This is a Policy made under the Gridiron Australia Constitution

## PART E: REPORTING DOCUMENTS/FORMS

To assist in consistency and accuracy in following procedure and reporting on the issues covered by Gridiron Australia's Member Protection Policy, the following documents are to be used:

- E1 Confidential Record of informal complaint**  
To be used by MPIO's or others who receive a complaint or allegation
- E2 Confidential Record of Formal Complaint**  
To be used when a formal complaint is received by Gridiron Australia
- E3 Confidential Record of Child Abuse Allegation**  
To be used by MPIO's or others who receive complaints/allegations of child abuse
- E4 Record of Mediation**  
To be used by those who conduct a mediation
- E5 Record of Tribunal Decision**

General principles to be followed when completing a report of a complaint:

- Treat all complaints seriously.
- Deal with complaints promptly, sensitively and confidentially.
- Maintain a calm attitude.
- Ask the complainant if they will consent to you taking notes.
- Write the description of the complaint /problem using the complainant's own words (as much as is possible).
- Find out the nature of the relationship between the complainant and the person complained about (for example, coach/competitor, team members, etc) and if there is any relevant history.
- Take a note of the facts and do not pre-judge the situation.
- Ask the complainant whether they fear victimisation or other consequences.



- Find out what outcome the complainant wants and if they need any support.
- Ask the complainant how they want to the complaint to be dealt with under the policy.
- Keep the complaint confidential and do not disclose it to another person without the complainant's consent except if disclosure is required by law (for example, a report to government authorities) or if disclosure is necessary to effectively deal with the complaint.



# RECORD OF INFORMAL COMPLAINT

Name of person receiving complaint	Date
Complainant's Name	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Role/status	<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
When/where did the incident take place	
What are the facts relating to the incident as stated by complainant?	
What is the 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"/> Victimization <input type="checkbox"/> Selection dispute <input type="checkbox"/> Unfair decision <input type="checkbox"/> Personality clash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bullying
What does the complainant want to happen to resolve the issue?	
What other information has the complainant provided?	
What is the complainant going to do now?	

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.



# RECORD OF FORMAL COMPLAINT

<b>Complainant's Name</b>	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
<b>Date formal complaint received</b>	
<b>Complainant's contact details</b>	Phone:  Email:
<b>Complainant's role/position</b>	<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
<b>Name of person complained about (respondent)</b>	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
<b>Respondent's role/position</b>	<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
<b>Location/event of alleged incident</b>	
<b>Description of alleged incident</b>	
<b>Nature of the complaint</b>  <b>Category/basis/grounds</b>  (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
<b>Methods (if any) of attempted informal resolution</b>	
<b>Formal resolution procedures followed (outline)</b>	



<b>If investigated</b>	Finding:
<b>If heard by tribunal</b>	Decision:  Action recommended:
<b>If mediated</b>	Date of mediation: _____ Both/all parties present:  Agreement:  Any other action taken:
<b>If decision was appealed</b>	Decision:  Action recommended:
<b>Resolution</b>	<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
<b>Completed by</b>	Name: _____ Position: _____  Signature: _____ Date: _____
<b>Signed by</b>	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.



# CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing, ensure the procedures outlined in attachment C4 have been followed and advice has been sought from the relevant government agency and/or police.

<b>Complainant's Name (if other than the child)</b>	<b>Date</b>
<b>Role/status in sport</b>	
<b>Child's name</b>	<b>Age</b>
<b>Child's address</b>	
<b>Person's reason for suspecting abuse (e.g. observation, injury, disclosure)</b>	
<b>Name of person complained about</b>	
<b>Role/status in sport</b>	<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
<b>Witnesses (if more than 3 witnesses attach details to this form)</b>	Name: Contact details:  Name: Contact details:  Name: Contact details:



<b>Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)</b>	
<b>Police contacted</b>	Who: _____ When: _____ Advice provided: _____
<b>Government agency contacted</b>	Who: _____ When: _____ Advice provided: _____
<b>President and/or MPIO contacted</b>	Who: _____ When: _____
<b>Police and/or government agency investigation</b>	Finding: _____
<b>Internal investigation (if any)</b>	Finding: _____
<b>Action taken</b>	
<b>Completed by</b>	Name: _____ Position: _____ Signature: _____ Date: _____
<b>Signed by</b>	Complainant (if not a child): _____

This record and any notes must be kept in a confidential and safe place and provided to the relevant authorities (police and government) should they require them.





# RECORD OF MEDIATION

<b>Present at mediation</b>					
<b>Venue of mediation</b>	<b>Date</b>				
<b>Mediator</b>					
<b>Summary of mediation (minutes attached)</b>					
<b>Outcome of mediation</b>					
<b>Follow up to occur (if required)</b>					
<b>Completed by</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name:</td> <td style="width: 50%;">Position:</td> </tr> <tr> <td>Signature:</td> <td>Date:</td> </tr> </table>	Name:	Position:	Signature:	Date:
Name:	Position:				
Signature:	Date:				
<b>Signed by</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Complainant:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Respondent:</td> <td></td> </tr> </table>	Complainant:		Respondent:	
Complainant:					
Respondent:					



# RECORD OF TRIBUNAL DECISION

<b>Complainant's Name (if other than the child)</b>	<b>Date</b>	
<b>Complainant's role/position</b>	<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: _____
<b>Name of person complained about (respondent)</b>		
<b>Respondent's role/position</b>	<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: _____
<b>Location/event of alleged issue</b>		
<b>Description of alleged issue</b>		
<b>Nature of the complaint</b> <b>Category/basis/grounds</b> <b>(Tick more than one box if necessary)</b>	<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: _____
<b>Methods (if any) of attempted informal resolution</b>		
<b>Support person (if any)</b>		
<b>Tribunal members</b>		



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

