

SCHEDULE 1

Complaint Form

Internal Use Only		
Name of person receiving Complaint		Date Complaint Form Received: / /
How was the Complaint received		
Complainant to Complete		
Name of Complainant	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18 </div>	
Complainant's contact details	Phone: Email:	
Complainant's role/position within the Sport	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official </div> <div style="width: 48%;"> <input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify) </div> </div>	
Name of person complained about (Respondent)	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18 </div>	
Respondent's role/position	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official </div> <div style="width: 48%;"> <input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify) </div> </div>	
Date/s of alleged breach/es by Respondent		
Location/s of alleged breach/es by Respondent		
Description of alleged breach by Respondent <i>Please provide as much information as possible, including details of who is involved, describe what happened and when, and how you found out about the breach - attach further pages if necessary</i>		

Witnesses (if any)	<p>Did anyone else witness this alleged breach by the Respondent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>If 'Yes', please list the witnesses and their contact details (if known):</p> <p>1. Name: Phone: Email:</p>
	<p>2. Name: Phone: Email:</p>
	<p>3. Name: Phone: Email:</p>
Level of the Sport at which alleged breach occurred	<p><input type="checkbox"/> NSO level where they relate to behaviour, an incident or circumstances that occurred at or involve individuals operating at the NSO level;</p> <p><input type="checkbox"/> SSA level where they relate to behaviour, an incident or circumstances that occurred at or involve individuals operating at the State (Territory) Sporting Association level; or</p> <p><input type="checkbox"/> Affiliate level - where it relates to behaviour, an incident or circumstances that occurred at or involve individuals operating at the Affiliate level (Association/League/Club level).</p>
<p>Eligible policy that Respondent has allegedly breached</p> <p>Sections allegedly breached</p>	
Does Complainant consent to alternative dispute resolution?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Signed by Complainant	<p>Signature:</p> <p>Date:</p>