

CONFIDENTIAL RECORD OF COMPLAINT -MEMBER PROTECTION

Complainant Name:			
Age:		Date Formal Complaint Received:	/ /
SA/ASCTA Accreditation or Membership Details			
Swim Club:			
Role/Status (in sport)	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Spectator <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Support Personnel <input type="checkbox"/> Employee <input type="checkbox"/> Official <input type="checkbox"/> Other		

Alleged Victim				
Full Name:				
Date of Birth:		Sex:		Age at time of alleged offence:
SA/ASCTA Accreditation or Membership Details				
Swim Club:				

Alleged Perpetrator				
Full Name:				
Date of Birth:		Sex:		Age at time of alleged offence:
SA/ASCTA Accreditation or Membership Details				
Swim Club:				

Description of Alleged Issue (include particulars of date, who was involved/witnessed, what happened, where it happened, etc)

Nature of Complaint

(Category / basis / grounds)

Tick more than one box if necessary

- | | |
|--|--|
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Sexual/sexist | <input type="checkbox"/> Selection dispute |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Personality clash |
| <input type="checkbox"/> Race | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Verbal Abuse |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Physical abuse |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Victimisation |
| <input type="checkbox"/> Other | |

Alleged Breaches of Member Protection Policy

[Detail sections of the Member Protection Policy that you believe that the behaviour/conduct/incident(s) may have breached]

Methods (if any) of attempted informal resolution

Outcome the complainant is seeking

Support person (if any) and contact details

Formal resolution procedures followed (outline)

If investigated: Finding

If went to Hearing Tribunal: Decision, Action Recommended

**If mediated: Date of Mediation | Were both parties present | Terms of Agreement
Any other action taken**

--

If went to Appeal Panel: Decision | Action Recommended

--

Completed by:	Name:	
	Position in Organisation:	
	Signature:	Date:

Signed by:	Complainant:	
	Respondent	

This record and any notes must be kept in a confidential place and resolution of the Complaint notified to your relevant Member Association and Swimming Australia Limited. This record must be kept for a minimum of three (3) years.



PARTNERS

PATRON