

Attachment 1: **SAMPLE** Seacliff Community Recreation Association Incorporated Complaint Reporting Form

RECORD OF COMPLAINT

Name of person receiving complaint		Date: / /
Complainant's Name	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Complainant's contact details	Phone: Email:	
Complainant's role/status in SCRA	<div> <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent </div> <div> <input type="checkbox"/> Athlete/player <input type="checkbox"/> Spectator </div> <div> <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Support Personnel </div> <div> <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Official </div>	
Name of person complained about	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Person complained about role/status in SCRA	<div> <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent </div> <div> <input type="checkbox"/> Athlete/player <input type="checkbox"/> Spectator </div> <div> <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Support Personnel </div> <div> <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Official </div>	
Location/event of alleged issue		
Description of alleged issue		

<p>Nature of complaint (category/basis/grounds)</p> <p>Can tick more than one box</p>	<div> <input type="checkbox"/> Harassment or <input type="checkbox"/> Discrimination </div> <div> <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Selection dispute <input type="checkbox"/> Coaching methods </div> <div> <input type="checkbox"/> Sexuality <input type="checkbox"/> Personality clash <input type="checkbox"/> Verbal abuse </div> <div> <input type="checkbox"/> Race <input type="checkbox"/> Bullying <input type="checkbox"/> Physical abuse </div> <div> <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Victimisation </div> <div> <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child Abuse <input type="checkbox"/> Unfair decision </div> <div> <input type="checkbox"/> Other </div>
<p>What they want to happen to fix issue</p>	
<p>Information provided to them</p>	
<p>Resolution and/or action taken</p>	
<p>Follow-up action</p>	