



Confidential Complaint Registration Form

This form may be used by complainants to record a formal written complaint

Complainant's details:		
Name:		
Address:		
Age (<i>please circle</i>): Under 18 Over 18		
Phone home:	Phone work:	Email:

Summary of complaint (When, where, who, what happened?). <i>If insufficient space attach statement:</i>
Please describe your role/status: <i>(e.g. administrator/volunteer; rider; parent; coach; official; spectator; employee etc)</i>

Location/event of alleged issue:

Please state the facts of your complaint:

Nature of complaint by category <i>(may tick more than one box)</i>	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Bullying
<input type="checkbox"/> Harassment/ Bullying	<input type="checkbox"/> Race	<input type="checkbox"/> Selection dispute	<input type="checkbox"/> Child abuse
<input type="checkbox"/> Sexual/sexist	<input type="checkbox"/> Religion	<input type="checkbox"/> Personality clash	<input type="checkbox"/> Verbal abuse
<input type="checkbox"/> Other:	<input type="checkbox"/> Unfair decision	<input type="checkbox"/> Coaching methods	<input type="checkbox"/> Physical abuse
.....	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexuality	<input type="checkbox"/> Victimization

Was the complaint:	Verbal <input type="checkbox"/>	Written <input type="checkbox"/>
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What actions have you taken to attempt to resolve this complaint?
<i>(e.g. have you spoken to the person/ a coach/ Centre Committee member/ State Office?)</i>

What would you like to happen to fix the issue:

Signature:	Date:
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Complaints Officer/MPIO Use Only

Complaint Receiving Officer	NAME:	
POSITION:	CENTRE:	DATE RECEIVED: