



SERIOUS MISCONDUCT REPORTING RECORD – FORM 2

This report should be completed if there is a legitimate concern about a breach of the GTC Member Protection Policy in relation, but not limited to a disclosure, incident or observation of:

Child Abuse

Sexual Misconduct

Serious Criminal Conduct

(Should this report not involve one of the above, please complete the Complaint Record – Form 1)

Complainant's Name: (if other than Child)		Date:
Complainant's Age:		
Complainant's Club:		
Date form report received		
CHILD'S DETAILS		
Full Name:		
Address		
Date of Birth:		Gender:
Age at time of alleged offence:		
Parent/Guardian Name:		
Parent/Guardian Address:		
Parent/Guardian Mobile:		
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)		
Date of alleged abuse:		
Location/event of alleged abuse:		
NAME OF PERSON COMPLAINED ABOUT		
Full Name:		
Date of Birth:		Gender:
Age at time of alleged offence:		
Role at GTC:	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Parent
	<input type="checkbox"/> Player from GTC	<input type="checkbox"/> Spectator
	<input type="checkbox"/> Coach/Assistant Coach	<input type="checkbox"/> Player from opposing team
	<input type="checkbox"/> Other	
WITNESSES (if more than 2 witnesses, attach details to this form)		
WITNESS 1	Full Name:	
	Address:	
	Mobile:	
WITNESS 2	Full Name:	
	Address:	
	Mobile:	

INTERIM ACTION (IF ANY) TAKEN		
<i>To ensure members safety and/or support needs of person allegedly accused</i>		
POLICE CONTACTED	Name of Officer:	
	Police Station:	
	When:	
	Report ID:	
	Advice provided:	
GOVERNMENT AGENCY CONTACTED	Name of Agent:	
	Agency Name:	
	When:	
	Report ID:	
	Advice provided:	
POLICE AND/OR GOVERNMENT AGENCY INVESTIGATION: FINDING		
INTERNAL INVESTIGATION (IF ANY) : FINDING		
ACTION TAKEN		
COMPLETED BY:	Name:	
	Position at GTC:	
	Signature:	
	Date:	
SIGNED BY:	Complainant (if not a child)	