



## FORMAL COMPLAINT REPORTING RECORD – FORM 1

This report should be completed if there is a legitimate concern about a breach of the GTC Member Protection Policy.

*(If the concern involves child abuse, sexual misconduct or serious criminal conduct, please refer to other FORM 2. )*

Complainant's Name:		Date:
Complainant's Age:		
Complainant's Club:		
Date form report received		
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	
Date of alleged issue:		
Location/event of alleged issue:		
<b>ALLEGED VICTIM</b>		
Full Name:		
Address:		
Date of Birth:		Gender:
Age at time of alleged offence:		
<b>ALLEGED PERPERTRATOR</b>		
Full Name:		
Address:		
Date of Birth:		Gender:
Age at time of alleged offence:		
<b>DESCRIPTION OF ALLEGED ISSUE</b>		
<b>NATURE OF COMPLAINT</b>		
<b>Category / Basis / Grounds</b> <i>(Tick more than one box if necessary)</i>	<input type="checkbox"/> Bullying	<input type="checkbox"/> Disability
	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment
	<input type="checkbox"/> Personality Clash	<input type="checkbox"/> Physical Abuse
	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race
	<input type="checkbox"/> Religion	<input type="checkbox"/> Selection Dispute
	<input type="checkbox"/> Sexual / Sexist	<input type="checkbox"/> Sexuality
	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Victimisation
	<input type="checkbox"/> Other	
<b>METHOD (IF ANY) OF ATTEMPTED RESOLUTION</b>		

SUPPORT PERSON (IF ANY)		
FORMAL RESOLUTION PROCEDURES FOLLOWED		
IF INVESTIGATED : FINDING		
<b>HEARING TRIBUNAL</b>	Decision:	
	Action Recommended:	
<b>IF MEDIATED</b>	Date of Mediation:	
	Were both parties present:	
	Terms of Agreement:	
	Any other action taken:	
<b>IF APPEALED</b>	Decision:	
	Action Recommended:	
<b>RESOLUTION</b>	<input type="checkbox"/> Less than 3 months to resolve	
	<input type="checkbox"/> Between 3 – 8 months to resolve	
	<input type="checkbox"/> More than 8 months to resolve	
<b>COMPLETED BY</b>	Name:	
	Position at GTC:	
	Signature:	
	Date:	
<b>SIGNED BY</b>	Complainant:	
	Respondent:	