

Attachment 10

Forms - **CONFIDENTIAL RECORD OF INFORMAL COMPLAINT**

Name of person receiving complaint:		Date: / /
Complainant's Name:	<input type="checkbox"/> Over 18	<input type="checkbox"/> Under 18
Role / Status in Little Athletics	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
When / where did the incident take place?		
What are the facts relating to the incident as stated by the complainant?		
What is the nature of the complaint? (category / basis / grounds) Tick more than one box if necessary	<input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Discrimination <input type="checkbox"/> Bullying	<input type="checkbox"/> Disability <input type="checkbox"/> Child Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimisation <input type="checkbox"/> Other _____ _____

What does the complainant want to happen to resolve the issue?	
What other information has the complainant provided?	
What is the complainant going to do now?	

This record and any notes must be kept in a confidential and safe place. Do not enter it on a computer system. If the issue become a formal complaint this record is to be given to Little Athletics Australia, the Member Organisations or the Affiliate Hearing Officer.

CONFIDENTIAL RECORD OF FORMAL COMPLAINT

Complainant's name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	Date formal complaint received: / /
Complainant's contact details:	Phone: Email:	
Complainant's role/position in Little Athletics:	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Name of person complained about (respondent):	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Respondent's role/position in Little Athletics:	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Location/event of alleged incident:		
Description of alleged incident:		

<p>What is the nature of the complaint? (category / basis / grounds)</p> <p>Tick more than one box if necessary</p>	<input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Discrimination <input type="checkbox"/> Bullying	<input type="checkbox"/> Disability <input type="checkbox"/> Child Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimisation <input type="checkbox"/> Other <hr/> <hr/>
<p>Methods (if any) of attempted informal resolution:</p>		
<p>Formal resolution procedure followed (outline):</p>		
<p>If investigated:</p>	<p>Finding:</p>	
<p>If heard by Tribunal:</p>	<p>Decision:</p> <p>Action recommended:</p>	

If mediated:	Date of mediation: / / Both/all parties present: Agreement: Any other action taken:
If decision was appealed:	Decision: Action recommended:
Resolution:	<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
Completed by:	Name: Position in Little Athletics / Member Organisation / Affiliate: Signature: _____ Date: / /
Signed by:	Complainant: Respondent:

This record and any notes must be kept in a confidential and safe place. If the complainant is of a serious nature, or is escalated to and/or dealt with at the next level, the original must be forwarded to the higher body (i.e. Little Athletics Australia or Member Organisation) and a copy kept at the Member Organisation or Affiliate (whatever level the complaint was made).

CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing this form, please ensure that the steps outlined at Clause 11 have been followed and advice has been sought from the police and/or relevant child protection agency.

Complainant's name (if other than the child):		Date formal complaint received: / /
Role / status in Little Athletics:		
Child's name:		
Child's address:		
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)		
Name of person complained about:		
Role/status in Little Athletics:	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Witnesses: (If more than 3 witnesses, attach details to this form)	Name (1): Contact details: Name (2): Contact details: Name (3): Contact details:	
Interim action (if any) taken: (to ensure child's safety and/or needs of respondent)		

Police contacted	Who: When: Advice provided:
Child protection agency contacted	Who: When: Advice provided:
CEO contacted	Who:
	When:
Police investigation (if any)	Finding:
Internal investigation (if any)	Finding:
Action taken	
Completed by	Name: Position is Little Athletics/Member organisation/affiliate: Signature: _____ Date: / /
Signed by	Complainant (if not a child)

This record and any notes must be kept in a confidential and safe place. If required, the form should be provided to the police and/or relevant child protection agency.

RECORD OF MEDIATION

Present at mediation	
Date of mediation	
Venue of mediation	
Mediator	
Summary of mediation (minutes attached)	
Outcome of mediation	
Follow up to occur (if required)	
Completed by (signature)	
Signed by: Complainant (signature) Respondent (signature)	

This record and any notes must be kept in a confidential and safe place. A copy should be retained by Little Athletics Western Australia, the Member Organisation or Affiliate (whatever level the complaint was made).

CONFIDENTIAL RECORD OF HEARING TRIBUNAL DECISION

Complainant's name:		Date formal complaint received: / /
Complainant's role/position in Little Athletics:	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Name of Respondent		
Respondent's role/position in Little Athletics:	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete / player <input type="checkbox"/> Coach / Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____ <input type="checkbox"/> _____
Location/event of alleged issue:		
Description of alleged issue:		
What is the nature of the complaint? (category / basis / grounds) Tick more than one box if necessary	<input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Discrimination <input type="checkbox"/> Bullying	<input type="checkbox"/> Disability <input type="checkbox"/> Child Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimisation <input type="checkbox"/> Other <input type="checkbox"/> _____ <input type="checkbox"/> _____
Methods (if any) of attempted informal resolution		
Support person (if any)		
Hearing Tribunal Members		
Hearing Tribunal date and venue		

Hearing Tribunal decision (attach report)	
Attach recommended and any follow up report required	
Decision appealed Date appeal lodged	
Appeal hearing date	
Appeal decision (attach report)	
Action recommended	
Completed by:	Name: Position in Little Athletics / Member Organisation / Affiliate: Signature: _____ Date: / /
Signed by:	Complainant: Respondent:

This record and any notes must be kept in a confidential and safe place. A copy should be retained by Little Athletics Western Australia, the Member Organisation or Affiliate (whatever level the complaint was made).