# CONFIDENTIAL RECORD OF COMPLAINT -MEMBER PROTECTION

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| **Complainant Name:** |  | | | | | | | | |
| **Age:** |  | | | | **Date Formal Complaint Received:**  / / | | | | |
| **SA/ASCTA Accreditation or Membership Details** |  | | | | | | | | |
| **Swim Club:** |  | | | | | | | | |
| **Role/Status** | 🞏 | Administrator (volunteer) | | | | | 🞏 | Parent | |
| ***(in sport)*** | 🞏 | Athlete | | | | | 🞏 | Spectator | |
|  | 🞏 | Coach/Assistant Coach | | | | | 🞏 | Support Personnel | |
|  | 🞏 | Employee | | | | | 🞏 | Official | |
|  | 🞏 | Other | |  | | | | | |
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| **Alleged Victim** | | | | | | | | | |
| **Full Name:** |  | | | | | | | | |
| **Date of Birth:** |  | | | | **Sex:** |  | | **Age at time of alleged offence:** |  |
| **SA/ASCTA Accreditation or Membership Details** |  | | | | | | | | |
| **Swim Club:** |  | | | | | | | | |

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| **Alleged Perpetrator** | | | | | |
| **Full Name:** |  | | | | |
| **Date of Birth:** |  | **Sex:** |  | **Age at time of alleged offence:** |  |
| **SA/ASCTA Accreditation or Membership Details** |  | | | | |
| **Swim Club:** |  | | | | | |

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| **Description of Alleged Issue (include particulars of date, who was involved/witnessed, what happened, where it happened, etc)** | | | | | | | |
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| **Nature of Complaint** | | | | | | |
| *(Category / basis / grounds)*  Tick more than one box if necessary | 🞏 | | Harassment | | 🞏 | Discrimination |
| 🞏 | | Sexual/sexist | | 🞏 | Selection dispute |
| 🞏 | | Sexuality | | 🞏 | Personality clash |
| 🞏 | | Race | | 🞏 | Bullying |
| 🞏 | | Religion | | 🞏 | Verbal Abuse |
| 🞏 | | Pregnancy | | 🞏 | Physical abuse |
| 🞏 | | Disability | | 🞏 | Victimisation |
| 🞏 | | Other |  | | |
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| **Alleged Breaches of Member Protection Policy** | | | | | | |
| [Detail sections of the Member Protection Policy that you believe that the behaviour/conduct/incident(s) may have breached] | | | | | | |

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| **Methods** *(if any)* **of attempted informal resolution** |
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| **Outcome the complainant is seeking** |
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| **Support person (if any) and contact details** |
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| **Formal resolution procedures followed (outline)** |
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| **If investigated: Finding** |
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| **If went to Hearing Tribunal: Decision, Action Recommended** |
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| **If mediated: Date of Mediation | Were both parties present | Terms of Agreement**  **Any other action taken** |
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| **If went to Appeal Panel: Decision | Action Recommended** |
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| **Completed by:** | **Name:** |  | |
| **Position in Organisation:** |  | |
| **Signature:** |  |  |
| Date: |

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| **Signed by:** | **Complainant:** |  |
| **Respondent** |  |

*This record and any notes must be kept in a confidential place and resolution of the Complaint notified to your relevant Member Association and Swimming Australia Limited. This record must be kept for a minimum of three (3) years.*