

# DARWIN DRESSAGE CLUB INCORPORATED

ABN 30 285 496 048



## RECORD OF COMPLAINT

Name of person receiving complaint		Date:     /     /
Complainant's Name	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under18	
Complainant's contact details	Phone: Email:	
Complainant's role/status in Club	<input type="checkbox"/> Volunteer <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Spectator <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Other	
Name of person complained about	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under18	
Person complained about role/status in club	<input type="checkbox"/> Volunteer <input type="checkbox"/> Parent <input type="checkbox"/> Athlete <input type="checkbox"/> Spectator <input type="checkbox"/> Coach <input type="checkbox"/> Official <input type="checkbox"/> Other	
Location/event of alleged issue		
Description of alleged issue		

<p>Nature of complaint (category/basis/grounds)</p> <p>Can tick more than one box</p>	<input type="checkbox"/> Harassment or <input type="checkbox"/> Discrimination <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Selection dispute <input type="checkbox"/> Coaching methods <input type="checkbox"/> Sexuality <input type="checkbox"/> Personality clash <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Race <input type="checkbox"/> Bullying <input type="checkbox"/> Physical abuse <input type="checkbox"/> Religion <input type="checkbox"/> Disability <input type="checkbox"/> Victimisation <input type="checkbox"/> Pregnancy <input type="checkbox"/> Child abuse <input type="checkbox"/> Unfair decision <input type="checkbox"/> Other
<p>What they want to happen to fix issue</p>	
<p>Information provided to them</p>	
<p>Resolution and/or action taken</p>	
<p>Follow-up action</p>	

.....  
*Signature of person receiving complaint (if applicable)*

.....  
*Date*

.....  
*Signature of Complainant*

.....  
*Date*