**INFORMAL COMPLAINT RECORD**

Complaint Type: Member protection Competition General

|  |  |  |
| --- | --- | --- |
| Person receiving complaint |  | Date: / / |
| Complainant’s Name  (Person making the complaint) | Phone:  Email:  Over 18 Under 18 | |
| Complainant’s role/position | Volunteer  Member  Coach/Assistant Coach  Employee (paid)  Official  Parent  Spectator  Support Personnel  Other | |
| When/where did the incident take place |  | |
| What happened? List the facts relating to the incident, as stated by complainant |  | |
| Nature of complaint (category/basis/grounds)  Tick more than one box if necessary | Harassment Sexual/sexist    Sexuality  Race  Religion  Pregnancy  Discrimination  Selection dispute  Personality clash  Bullying  Disability  Child Abuse  Coaching methods  Verbal abuse  Physical abuse  Victimisation  Unfair decision  Other  Specify: | |
| What does the complainant want to happen to resolve the issue: |  | |
| What is the complainant going to do in regards to the complainants process now? |  | |
| Completed by: | Name:  Position:  Signature: Date: / / | |
| Signed by: | Complainant:  Respondent: | |

**This record and any notes must be kept confidential and secure.** If the issue becomes a formal complaint, this record must be given to PCANT for processing.