

## CONFIDENTIAL RECORD OF COMPLAINT (CASES 2 & 3)

<b>Complainant Name:</b>			
<b>Age:</b>		<b>Date Formal Complaint Received:</b>	/ /
<b>SAL/ASCTA Accreditation or Membership Details</b>			
<b>Swim Club:</b>			
<b>Role/Status (in sport)</b>	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee <input type="checkbox"/> Other	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	

Alleged Victim				
<b>Full Name:</b>				
<b>Date of Birth:</b>		<b>Sex:</b>		<b>Age at time of alleged offence:</b>
<b>SAL/ASCTA Accreditation or Membership Details</b>				
<b>Swim Club:</b>				

Alleged Perpetrator				
<b>Full Name:</b>				
<b>Date of Birth:</b>		<b>Sex:</b>		<b>Age at time of alleged offence:</b>
<b>SAL/ASCTA Accreditation or Membership Details</b>				
<b>Swim Club:</b>				

Description of Alleged Issue (include particulars of date, who was involved/witnessed, what happened, where it happened, etc)			
Nature of Complaint			
<p><i>(Category / basis / grounds)</i></p> <p>Tick more than one box if necessary</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 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"/> Disability  <input type="checkbox"/> Other                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Discrimination  <input type="checkbox"/> Selection dispute  <input type="checkbox"/> Personality clash  <input type="checkbox"/> Bullying  <input type="checkbox"/> Verbal Abuse  <input type="checkbox"/> Physical abuse  <input type="checkbox"/> Victimization                 </td> </tr> </table>	<input type="checkbox"/> 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"/> Disability <input type="checkbox"/> Other	<input type="checkbox"/> Discrimination <input type="checkbox"/> Selection dispute <input type="checkbox"/> Personality clash <input type="checkbox"/> Bullying <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimization
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Alleged Breaches of Safe Sport Framework (Part 3 – Codes of Conduct Breaches):			
<p><b>[Detail sections of Framework that you believe that the behaviour/conduct/incident(s) may have breached]</b></p>			

<b>Methods (if any) of attempted informal resolution</b>
<b>Outcome the complainant is seeking</b>
<b>Support person (if any) and contact details</b>
<b>Formal resolution procedures followed (outline)</b>
<b>If investigated: Finding</b>
<b>If went to Hearing Tribunal: Decision, Action Recommended</b>

If mediated: Date of Mediation   Were both parties present   Terms of Agreement Any other action taken

If went to Appeal Panel: Decision   Action Recommended

<b>Completed by:</b>	<b>Name:</b>	
	<b>Position in Organisation:</b>	
	<b>Signature:</b>	<b>Date:</b>

<b>Signed by:</b>	<b>Complainant:</b>	
	<b>Respondent</b>	

*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 in accordance with section 4.5 of the Safe Sport Framework.*