

COMPLAINTS HANDLING AND GRIEVANCE PROCEDURE

CONFIDENTIAL RECORD OF COMPLAINT

This record and any notes must be kept in a confidential and safe place.

Complainant's Details	Name Address Phone Email	Date Complaint Received: / / By Letter Phone In Person Email Other										
Role/status in sport	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Administrator (volunteer)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Parent</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Athlete/player</td> <td style="border: none;"><input type="checkbox"/> Spectator</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Coach/Assistant Coach</td> <td style="border: none;"><input type="checkbox"/> Support Personnel</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Employee (paid)</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Official</td> <td style="border: none;">.....</td> </tr> </table>		<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Parent	<input type="checkbox"/> Athlete/player	<input type="checkbox"/> Spectator	<input type="checkbox"/> Coach/Assistant Coach	<input type="checkbox"/> Support Personnel	<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other	<input type="checkbox"/> Official
<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Parent											
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<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other											
<input type="checkbox"/> Official											
Details of Complaint	Time Hours Date: Location: Describe what Occurred: Expected outcome from this complaint Informal Formal Mediation Tribunal											
Name of person complained about												

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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	
MPIO contacted	Who: When: Advice provided:
CEO contacted	Who: When:
Mediation	Finding:
Tribunal	Finding:
Action taken	
Completed by	Name: Position: Signature: / /
Signed by	Complainant