



Confidential Record

Of MPP Complaint

CONFIDENTIAL RECORD OF COMPLAINT -MEMBER PROTECTION

Complainant Name:													
Age:		Date Formal Complaint Received:	/ /										
SAL/ASCTA Accreditation or Membership Details													
Swim Club:													
Role/Status (in sport)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Administrator (volunteer)</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Athlete</td> <td><input type="checkbox"/> Spectator</td> </tr> <tr> <td><input type="checkbox"/> Coach/Assistant Coach</td> <td><input type="checkbox"/> Support Personnel</td> </tr> <tr> <td><input type="checkbox"/> Employee</td> <td><input type="checkbox"/> Official</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>			<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Parent	<input type="checkbox"/> Athlete	<input type="checkbox"/> Spectator	<input type="checkbox"/> Coach/Assistant Coach	<input type="checkbox"/> Support Personnel	<input type="checkbox"/> Employee	<input type="checkbox"/> Official	<input type="checkbox"/> Other	
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Alleged Victim				
Full Name:				
Date of Birth:		Sex:		Age at time of alleged offence:
SAL/ASCTA Accreditation or Membership Details				
Swim Club:				

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

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"/> Victimisation </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"/> Victimisation
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Alleged Breaches of Member Protection Policy			
<p>[Detail sections of the Member Protection Policy that you believe that the behaviour/conduct/incident(s) may have breached]</p>			

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

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

If went to Appeal Panel: Decision Action Recommended

Completed by:	Name:	
	Position in Organisation:	
	Signature:	
		Date:

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.