



CONFIDENTIAL - RECORD OF COMPLAINT / ISSUE

Complainant's Name (person raising the concern): _____

Address: _____

Email: _____

Phone Number: _____

Over 18 ☐

Under 18 ☐

Date of concern registered: ____/____/____

Your status as the Complainant:

Parent ☐

Player ☐

Coach ☐

Volunteer ☐

Visitor ☐

Other ☐ _____

Name of Person(s) you wish to raise a concern about- PLEASE WRITE NAME IIN CAPITALS:

Over 18 ☐

Under 18 ☐

Their status:

Parent ☐

Player ☐

Coach ☐

Volunteer ☐

Visitor ☐

Other ☐ _____



CONCERN/INCIDENT/COMPLAINT DETAILS:

Location of incident/concern:

Did you personally witness the issue complained of? Yes/No

Were there other witnesses upon whom we could rely for fact or character?

Description of alleged concern/incident/complaint:

Please use as much additional space / pages as needed and append to this record.

Nature of complaint - can tick more than one box:

- | | |
|------------------------------|--------------------------|
| Physical abuse | <input type="checkbox"/> |
| Verbal abuse | <input type="checkbox"/> |
| Harassment or Discrimination | <input type="checkbox"/> |
| Racism | <input type="checkbox"/> |
| Bullying | <input type="checkbox"/> |
| Religion | <input type="checkbox"/> |
| On field misconduct | <input type="checkbox"/> |
| Other and please describe | <input type="checkbox"/> |