


ATTACHMENT 3

COMPLAINT FORM

	<h1>COMPLAINT FORM</h1>																					
Event / Competition:																						
Venue of incident:																						
Exact location of incident:																						
Date of incident:																						
Time of incident:																						
Nature of Complaint: <i>Can tick more than one box</i>	<table border="0"> <tr> <td><input type="checkbox"/> Competition Related Incident</td> <td><input type="checkbox"/> Disputing umpire decision</td> </tr> <tr> <td><input type="checkbox"/> Hazard / Potential Hazard</td> <td><input type="checkbox"/> Abuse of an umpire</td> </tr> <tr> <td><input type="checkbox"/> Unsportsmanlike behaviour</td> <td><input type="checkbox"/> Breaches of Code of Conduct</td> </tr> <tr> <td><input type="checkbox"/> Gross breach of code of conduct</td> <td><input type="checkbox"/> Cybersafety policy breach</td> </tr> <tr> <td><input type="checkbox"/> Attempting to physical abuse</td> <td><input type="checkbox"/> Discrimination</td> </tr> <tr> <td><input type="checkbox"/> Fighting</td> <td><input type="checkbox"/> Physical abuse</td> </tr> <tr> <td><input type="checkbox"/> Verbal Abuse</td> <td><input type="checkbox"/> Spitting</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Threatening</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>		<input type="checkbox"/> Competition Related Incident	<input type="checkbox"/> Disputing umpire decision	<input type="checkbox"/> Hazard / Potential Hazard	<input type="checkbox"/> Abuse of an umpire	<input type="checkbox"/> Unsportsmanlike behaviour	<input type="checkbox"/> Breaches of Code of Conduct	<input type="checkbox"/> Gross breach of code of conduct	<input type="checkbox"/> Cybersafety policy breach	<input type="checkbox"/> Attempting to physical abuse	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Fighting	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Spitting	<input type="checkbox"/> Other	<input type="checkbox"/> Threatening		_____		_____
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Complainant Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18																					
Complainant Address:																						
Complainant Phone:	Home:	Mobile:																				
Complainant Email:																						
Role / Status in netball:	<table border="0"> <tr> <td><input type="checkbox"/> Athlete or Player</td> <td><input type="checkbox"/> Support Personnel</td> </tr> <tr> <td><input type="checkbox"/> Coach or Assistant Coach</td> <td><input type="checkbox"/> Team Manager</td> </tr> <tr> <td><input type="checkbox"/> Official</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Administrator (volunteer)</td> <td><input type="checkbox"/> Spectator</td> </tr> <tr> <td><input type="checkbox"/> Employee (paid)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Athlete or Player	<input type="checkbox"/> Support Personnel	<input type="checkbox"/> Coach or Assistant Coach	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Official	<input type="checkbox"/> Parent	<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Spectator	<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other _____										
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Respondent Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 <i>Please note that a copy of this report will be provided to the respondent</i>																					

Role / Status in netball:	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
Witness #1 Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Role / Status in netball:	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
Witness #2 Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Role / Status in netball:	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
Please provide a detailed/factual description of alleged incident: <i>(Please use additional pages if more detail is required)</i>		

Outline any action taken at the time of the incident:
(Please use additional pages if more detail is required)

What outcome would you like to see as result of this complaint?

A Complaint Form must be submitted to Darebin Netball Association Complaints Manager within three (3) working days of the incident. Any witness statements should also be provided.

Email:- darebinnetball@gmail.com

Once a Complaint Form has been lodged, Darebin Netball Association Complaints Manager will determine the appropriate process to follow using the relevant policy (including but not limited to the Darebin Netball Association Bylaws, Netball Victoria Competition Complaint Handling Regulation or Netball Australia Member Protection Policy).

Parties involved will be notified in due course if any further action or information is required or of any decisions or penalties to be imposed.

Signed: _____

Date: _____