



**ATTACHMENT 4:**

**REPORTING REQUIREMENTS AND DOCUMENTS**

**RECORD OF COMPLAINT**

Name of person receiving complaint		Date: ___ / ___ / _____
Complainant's Name <i>(person making the complaint)</i>		<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Complainant's contact details	Phone: Email:	
Complainant's role/status in Club	<input type="checkbox"/> Parent <input type="checkbox"/> Athlete/player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Official	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Support Personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other _____
Name of person complained about		<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Person complained about role/status in Club	<input type="checkbox"/> Parent <input type="checkbox"/> Athlete/player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Official	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Support Personnel <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other _____
Location/event of alleged issue		
Description of alleged issue		



**MANDURAH  
VOLLEYBALL**  
ASSOCIATION

MANDURAH VOLLEYBALL ASSOCIATION INC.

Where everyone can play.



**GOODSPORTS**  
INSPIRING A HEALTHIER SPORTING NATION

<p>Nature of complaint (category/basis/grounds)</p> <p>Can tick more than one box</p>	<input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Bullying <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Child Abuse	<input type="checkbox"/> Selection dispute <input type="checkbox"/> Coaching methods <input type="checkbox"/> Victimisation <input type="checkbox"/> Unfair decision <input type="checkbox"/> Personality clash	<input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other <hr/>
<p>What they want to happen to fix issue</p>			
<p>Information provided to them</p>			
<p>Resolution and/or action taken</p>			
<p>Follow-up action</p>			