



# Ballarat Little Athletics Centre Formal Complaint Form

|  |                                   |                                |                          |
|--|-----------------------------------|--------------------------------|--------------------------|
|  |                                   |                                | Complaint No.            |
| Incident Date:   |                                   | Date lodged with Ballarat LAC: |                          |
| <b>Complainant Details</b>   |                                   |                                |                          |
| Name of person lodging complaint:  |                                   |                                |                          |
| Club Name:   |                                   |                                |                          |
| Club Role:   |                                   |                                |                          |
| Phone:   |                                   |                                |                          |
| Email:   |                                   |                                |                          |
| Name of person making complaint:<br>(if different from above) - <i>Complainant</i>                                     |                                   |                                |                          |
| Club Name:   |                                   |                                |                          |
| Club Role:   |                                   |                                |                          |
| Phone:   |                                   |                                |                          |
| Email:   |                                   |                                |                          |
| Age group of complainant:  | Over 18: <input type="checkbox"/> | Under 18:                      | <input type="checkbox"/> |
| <b>Respondent Details</b>  |                                   |                                |                          |
| Name of person being complained about: <i>(Respondent)</i>   |                                   |                                |                          |
| Club Name:   |                                   |                                |                          |
| Club Role:   |                                   |                                |                          |
| Age group of respondent:   | Over 18: <input type="checkbox"/> | Under 18:                      | <input type="checkbox"/> |
| <b>Incident Details</b>  |                                   |                                |                          |
| Location of alleged incident:  |                                   |                                |                          |
| Category of Complaint:<br><i>(Please tick the type of incident and / or the perceived motivation for the incident)</i> | Harassment                        | <input type="checkbox"/>       | Discrimination           |
|  | Racial                            | <input type="checkbox"/>       | Bullying                 |
|  | Child Abuse                       | <input type="checkbox"/>       | Physical Abuse           |
|  | Religion                          | <input type="checkbox"/>       | Verbal Abuse             |
|  | Sexual Abuse                      | <input type="checkbox"/>       | Behavioural              |
|  | Personality                       | <input type="checkbox"/>       | Multi Class              |
|  | Other: <i>(Please detail)</i>     |                                |                          |
| Brief description of the allegation:<br><i>(Additional page attached if required)</i>                                  |                                   |                                |                          |
|  |                                   |                                |                          |
| Details of informal resolution attempts:   |                                   |                                |                          |



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|   |  |                          |
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| Describe outcome sought by complainant:<br><i>(In some instances, legislative requirements or BLAC policy may override actions sought by complainant)</i> |  |                          |
| Is the complainant happy to speak to BLAC representatives about this issue? Please tick.  | Yes  | <input type="checkbox"/> |
|   | No. Submitted for information of BLAC / statutory bodies only. | <input type="checkbox"/> |

| <b>Investigation</b><br><i>(Complaints Officer to complete)</i> |  |       |  |           |  |           |  |                                   |  |
|---|--|-------|--|-----------|--|-----------|--|-----------------------------------|--|
| Conflict of Interest:   |  |       |  |           |  |           |  |                                   |  |
| Formal resolution processes initiated:                          |  |       |  |           |  |           |  |                                   |  |
| Findings of investigation:                                      |  |       |  |           |  |           |  |                                   |  |
| Completed by:   | <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Name:</td> <td></td> </tr> <tr> <td>Position:</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Date submitted to BLAC Committee:</td> <td></td> </tr> </table> | Name: |  | Position: |  | Signature |  | Date submitted to BLAC Committee: |  |
| Name:   |  |       |  |           |  |           |  |                                   |  |
| Position:   |  |       |  |           |  |           |  |                                   |  |
| Signature   |  |       |  |           |  |           |  |                                   |  |
| Date submitted to BLAC Committee:                               |  |       |  |           |  |           |  |                                   |  |



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| Ballarat LAC Committee Actions |                               |   |
|--------------------------------|-------------------------------|---|
| Investigation Reviewed by:     |                               | Date:   |
| Investigation Satisfactory:    | Yes: <input type="checkbox"/> | Further Action Required: <input type="checkbox"/> |
| Outcome Details:               |                               |   |

|                          |  |         |
|--------------------------|--|---------|
| Complainant informed by: |  | Date:   |
|                          |  | Method: |

|                         |  |         |
|-------------------------|--|---------|
| Respondent Informed by: |  | Date:   |
|                         |  | Method: |

|                     |  |           |
|---------------------|--|-----------|
| Complaint Filed at: |  | Date:     |
|                     |  | Location: |

Additional Notes Page:

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