COMPLAINT AND REPORT FORM

Please complete this form as fully as possible and attach any supporting documents. NGCNA will assess the information and determine the appropriate process. Information may be provided anonymously. Please note that anonymity may limit the Association's ability to investigate or take action. Confidentiality will be maintained as far as reasonably practicable. Email the completed form to the Association Secretary at secretary@ngcna.com.au

Is the information in this document a ☐ **COMPLAINT** ☐ **REPORT**

1.0 Complainant / Reporter Details *(optional if submitting anonymously)*

Full Name		
Role / Club / Team		
Contact Email	Mobile	

If submitting on behalf of another person

Name of person	Relationship	

2.0 Person(s) the Complaint is About (if known)

Full Name	
Role / Club / Team	

3.0 Incident Details

Date of incident	Time of incident	
Location / Venue		
Competition / Event		

4.0 Details of Complaint or Report

Please provide a clear description of what occurred, including the conduct you believe may have breached an Association policy, Code of Conduct, By-law or competition rule.

Relevant Policy, Code of Conduct, By-law or competition rule (if known):

5.0 Witnesses

Please provide the names and contact details of any witnesses, if known.

Full Name	
Role / Club / Team	
Contact details	

Full Name	
Role / Club / Team	
Contact details	

Full Name	
Role / Club / Team	
Contact details	

6.0 Supporting Information

Please identify any supporting evidence attached or available, including photographs, video, emails, messages, documents, or other information. List items below:

7.0 Immediate Safety Concerns

Is there an immediate safety, welfare or safeguarding concern?

☐ No ☐ Yes - provide details.

8.0 Declaration

I confirm the information provided is accurate to the best of my knowledge. I understand that knowingly providing false or misleading information may result in disciplinary action.

Signature (if provided): **Date:**

9.0 Association Use Only

Date received:

Received by:

Our Reference:

Conflict of Interest check completed: ☐ YES ☐ NO

Jurisdiction:

☐ Association ☐ Netball Qld ☐ Netball Australia ☐ Other Authority

Initial Assessment:

Action Required:

Action Completed: ☐ YES ☐ NO

Date Completed: