# NGCNA COMPLAINT FORM

Please complete this form as fully as possible and attach any supporting documents. NGCNA will assess the complaint and determine the appropriate process. You may make this complaint 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

**1.0 Complainant Details**

| | | |
|---|---|---|
| Full Name | | |
| Role / Club / Team | | |
| Contact Email | Mobile | |

**2.0 Person the Complaint is About (Respondent)**

| | |
|---|---|
| Full Name | |
| Role / Club / Team | |

**3.0 Incident Details**

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

**4.0 Details of Complaint**

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

**Signed:** **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: | | | |