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| Complaint No. |
| Incident Date:  |  | Date lodged with KLAC: |  |
| **Complainant Details** |
| Name of person lodging complaint: |  |
| Club Name: |  |
| Club Role: |  |
| Phone: |  |
| Email: |  |
| Name of person making complaint:(if different from above) - *Complainant* |  |
| Club Name: |  |
| Club Role: |  |
| Phone: |  |
| Email: |  |
| Age group of complainant: | Over 18: | Under 18: |
| **Respondent Details** |
| Name of person being complained about: *(Respondent)* |  |
| Club Name: |  |  |
| Club Role: |  |  |
| Age group of respondent: | Over 18: | Under 18:  |
| **Incident Details** |
| Location of alleged incident: |  |
| Category of Complaint:*(Please tick the type of incident and / or the perceived motivation for the incident)* | Harassment |  | Discrimination |  |
| Racial  |  | Bullying |  |
| Child Abuse |  | Physical Abuse |  |
| Religion |  | Verbal Abuse |  |
| Sexual Abuse |  | Behavioural |  |
| Personality  |  | Multi Class |  |
| Other: *(Please detail)* |
| Brief description of the allegation: |
| *(Additional page attached if required)* |
| Details of informal resolution attempts: |  |
| Describe outcome sought by complainant:*(In some instances legislative requirements or KLAC policy may override actions sought by complainant)* |  |
| Is the complainant happy to speak to KLAC representatives about this issue? Please tick. | Yes |  |
| No. Submitted for information of KLAC / statutory bodies only. |  |
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| **Investigation** *(Complaints Officer to complete)* |
| Conflict of Interest: |  |
| Formal resolution processes initiated: |  |
| Findings of investigation: |  |
| Completed by: | Name: |
| Position: |
| Signature |
| Date submitted to KLAC Committee: |  |

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| **KLAC Committee Actions** |
| Investigation Reviewed by: |  | Date: |
|  |
| Investigation Satisfactory: | Yes:  | Further Action Required:  |
| Outcome Details: |  |

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

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

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

Additional Notes Page:

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