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| Complaint No. | |
| Incident Date: |  | | | Date lodged with Knox LAC: | | | | | | |  | |
| **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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| **Knox LAC Executive 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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