

Attachment E2:

BASEBALL VICTORIA RECORD OF FORMAL COMPLAINT

Complainant's Name				<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	Date Formal Complaint Received Click or tap here to enter text.	
Complainant's Contact Details	Click or tap here to enter text.					
Complainant's Role/position	<input type="checkbox"/>	Administrator/volunteer	<input type="checkbox"/>	Parent		
	<input type="checkbox"/>	Athlete/Player	<input type="checkbox"/>	Spectator		
	<input type="checkbox"/>	Coach/Assistant Coach	<input type="checkbox"/>	Support Personnel		
	<input type="checkbox"/>	Employee (Paid)	<input type="checkbox"/>	Other		
	<input type="checkbox"/>	Official		Click to enter text.		
Name of Person complained about (Respondent)	Name Click or tap here to enter text.			<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18		
Respondent's Role/Position	<input type="checkbox"/>	Administrator/volunteer	<input type="checkbox"/>	Parent		
	<input type="checkbox"/>	Athlete/Player	<input type="checkbox"/>	Spectator		
	<input type="checkbox"/>	Coach/Assistant Coach	<input type="checkbox"/>	Support Personnel		
	<input type="checkbox"/>	Employee (Paid)	<input type="checkbox"/>	Other		
	<input type="checkbox"/>	Official		Click to enter text.		
Location/event of alleged incident	Click to enter text.					
Description of alleged incident	Click to enter text.					
Nature of complaint (Category, basis or grounds)	<input checked="" type="checkbox"/>	Harassment	<input type="checkbox"/>	Discrimination	<input type="checkbox"/>	Coaching Methods
	<input type="checkbox"/>	Sexual/Sexist	<input type="checkbox"/>	Selection Dispute	<input type="checkbox"/>	Other Click to enter text.
Tick more than one Box if necessary	<input type="checkbox"/>	Sexuality	<input type="checkbox"/>	Personality Clash	<input type="checkbox"/>	Verbal Abuse
	<input type="checkbox"/>	Race	<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Physical Abuse
	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Victimisation
	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	Child Abuse	<input type="checkbox"/>	Unfair Decision
	<input type="checkbox"/>	Other Click to enter text.				
Methods (if any) of attempted informal resolution						
Formal resolution procedures followed (outline)	Click to enter text.					
If investigated	Finding: Click to enter text.					
If heard by Tribunal	Decision: Click to enter text.					
	Action recommended: Click to enter text.					
If mediated	Date of mediation: Click to enter text.					
	Both/all parties present? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Agreement: Click to enter text.					
	Any other action taken: Click to enter text.					

If decision was appealed	Decision: Click to enter text.	
	Action recommended: Click to enter text.	
Resolution	<input type="checkbox"/>	Less than 3 months to resolve
	<input type="checkbox"/>	Between 3 – 8 months to resolve
	<input type="checkbox"/>	More than 8 months to resolve
Completed by	Name: Click to enter text.	
	Position: Click to enter text.	
	Signature: Click or tap here to enter text. Date: Click to enter text.	
Signed by	Complainant	
	Respondent	

This record and any notes must be kept confidential and secure. If the complaint is of a serious nature, or if it is taken to and/or dealt with at the national level, the original record must be provided to Baseball Australia and a copy kept with the organisation where complaint was first made.