

RECORD DOCUMENTS FOR COMPLAINTS / ISSUES

Everyone in your organisation should be confident that complaints, issues concerns will be dealt with openly, honestly and fairly.

Everyone in your organisation should know to report any serious concerns about the safety or welfare of a child or young person immediately to the Child Safe Officer, Member Protection Officer, club President or nominated committee person or CARL.

Your organisations Member Protection Policy and or Child Safe Policy should provide details as to the process and procedures to follow. These forms may be helpful.

All complaints should be reported and this includes:

Discrimination, harassment, bullying, victimisation, un fair treatment of any member.

In appropriate behaviour around young participants by anyone irrespective of their role or title, or whether they are a member of your club or not.

Suspicion of abuse or harm to a child requires immediate action.

Recording of a complaint or incident is a confidential process.

Confidential Record of complaint or issue – to be used by the CSO, MPIO or other designated committee person.

Confidential Record of allegation / suspicion of child abuse

Confidential Record of Mediation – to be used by those who conduct a mediation.

Record of Tribunal Decision

Principles to be followed when completing a report of a complaint, issue or concern:

- Treat all complaints seriously.
- Deal with complaints promptly, sensitively and confidentially.
- Maintain a calm attitude. Do not pre- judge the situation.
- Ask the complainant if they will consent to you taking notes.
- Write the description of the complaint /issue using the complainants own words.
- Find out the nature of the relationship between the complainant and the person complained about (for example, coach/competitor, team members, etc)
- Ask the complainant whether they fear victimisation or other consequences.
- Find out what outcome the complainant wants and if they need any support.
- Ask the complainant how the complaint to be dealt with under the policy.
- Keep the complaint confidential and do not disclose it to another person without the complainant's consent except if disclosure is required by law (for example, a report to police and/or government authorities) or if disclosure is necessary to effectively deal with the complaint.

CONFIDENTIAL - RECORD OF COMPLAINT / ISSUE

Name (recording officer)		
Complainant's Name	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	Date Complaint Received: / /
Role/status	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official.	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Name of person complained about <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Role/status	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official.	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other
Location/event of alleged issue		
Description of alleged issue		
Nature of complaint Can tick more than one box	<input type="checkbox"/> Harassment <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Sexuality <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Pregnancy <input type="checkbox"/> Disability <input type="checkbox"/> Child Abuse	or <input type="checkbox"/> Discrimination <input type="checkbox"/> Selection dispute <input type="checkbox"/> Personality clash <input type="checkbox"/> Bullying <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Physical abuse <input type="checkbox"/> Victimisation <input type="checkbox"/> Other

CONFIDENTIAL - RECORD OF COMPLAINT / ISSUE

Methods (if any) of attempted resolution	
Support person (if any)	
Resolution procedures followed (outline)	
If investigated: Finding -	
If went to hearing tribunal: Decision - Action recommended -	
If mediated: Date of mediation - Record mediation form completed Any other action taken – agreement signed off	
If went to appeals tribunal: Decision Action recommended	
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: Position: Signature:...../...../.....
Signed by:	Complainant: Respondent:

This record and any notes must be kept in a confidential place and copies provided to the police and/or relevant government agencies - if required

CONFIDENTIAL - RECORD OF CHILD ABUSE ALLEGATION / SUSPICION

Complainant's Name (if other than the child)		Date Complaint Received: / /
Role/status		
Child's name		Age:
Child's address		
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)		
Witnesses (if applicable)	Name (1): Contact details: Name (2): Contact details:	
Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)		
Police contacted SAPOL ph 131 444 Sexual Assault Unit 82075000 (if needed)	Who: When: Advice provided:	
Government agency contacted Child Abuse Report Line (CARL) 13 14 78	Who: When: Advice provided:	
Association President contacted	Who: When:	
Police and/or government agency investigation	Finding:	
Internal investigation (if any)	Finding:	
Action taken		
Completed by	Name: Position: Signature:...../...../.....	

CONFIDENTIAL - RECORD OF MEDIATION

Present at Mediation	
Date of mediation	
Venue of mediation	
Mediator	
Summary of mediation (minutes attached)	
Outcome of mediation Details of agreement	
Follow-up to occur (if required)	
Completed by:	Signature:...../...../.....
Signed by: Complainant (signature) Respondent (signature)	

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CONFIDENTIAL - RECORD OF TRIBUNAL DECISION

Tribunal Members	
Tribunal Hearing Date and venue	
Tribunal Decision (attach report)	
Action recommended and any follow up report required	
Decision Appealed Date of Appeal lodged	
Appeal Hearing Date	
Appeal Decision (attach report)	
Action Recommended	
Completed by	Name: Position: Signature:...../...../.....
Signed by:	Complainant; Respondent;

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