



RECORD OF COMPLAINT

COMPLAINANT'S NAME	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	Date: / /
Role in Football	<input type="checkbox"/> Administrator <input type="checkbox"/> Player <input type="checkbox"/> Club Official <input type="checkbox"/> Spectator <input type="checkbox"/> Match Official <input type="checkbox"/> Team Official <input type="checkbox"/> Parent <input type="checkbox"/> Other	
RESPONDENT'S NAME		
Role in Football	<input type="checkbox"/> Administrator <input type="checkbox"/> Player <input type="checkbox"/> Club Official <input type="checkbox"/> Spectator <input type="checkbox"/> Match Official <input type="checkbox"/> Team Official <input type="checkbox"/> Parent <input type="checkbox"/> Other	
NATURE OF COMPLAINT <i>Can tick more than one box</i>	<input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Child Abuse <input type="checkbox"/> Intimate relations <input type="checkbox"/> Victimisation <input type="checkbox"/> Bullying <input type="checkbox"/> Gender or sexual <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Physical abuse <input type="checkbox"/> Race or ethnic origin <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Sexuality <input type="checkbox"/> Other	
Location/event of alleged complaint		

Facts as stated by complainant	
Feelings as expressed by complainant	
Desired outcome or resolution	
Information provided to complainant	
Complainant's next steps	