



Tweed Netball Association Inc.

POLICY – Human Resources

Policy Number XXX– Member Protection Policy - *Part H - Member Protection Policy - Reporting Forms*

Document Control

Version Control

Date	Version	Details	Author

Approval

Delegation required for approval: *President*

Approving officer:

Name: _____ Position: _____

Signature: _____ Date: _____

Purpose and Background

To assist in consistency and accuracy in following procedures and reporting on the issues covered by **Tweed Netball Association** 's Member Protection Policy, the following documents are to be used:

ATTACHMENT E1 ***MPIO's (Member Protection Information Officer)***

Record of INFORMAL Complaint

To be used by MPIO's or others who receive a complaint or allegation.



Tweed Netball Association Inc.

ATTACHMENT E2

Confidential Record of FORMAL Complaint

To be used when a formal complaint is received by ***Tweed Netball Association***



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ATTACHMENT E3

Confidential Record of Child Abuse Allegation

To be used by MPIO's or others who receive complaint
complaints/allegations of child abuse.



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ATTACHMENT E4	Record of Mediation To be used by those who conduct mediation.
ATTACHMENT E5	Record of Tribunal Decision
ATTACHMENT E6	Incident Report Form
ATTACHMENT E7	Application to Appeal Form

General principles to be followed when completing a report of a complaint:

- Treat all complaints seriously
- Deal with complaints promptly, sensitively and confidentially
- Maintain a calm attitude
- Ask the Complainant if they will consent to you taking notes
- Write the description of the complaint/problem using the Complainants own words (as much as is possible)
- Find out the nature of the relationship between the Complainant and the person complained about (for example, coach/competitor, team members, etc) and if there is any relevant history
- Take a note of the facts and do not pre-judge the situation
- 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 they want 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 government authorities) or if disclosure is necessary to effectively deal with the complaint



Tweed Netball Association Inc.

Name of MPIO:	Helen Rigney	Date:	04/03/2015
Complainant's Name:	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18		

ATTACHMENT E1: MPIO's (Member Protection Information Officer)
Record of INFORMAL Complaint TEMPLATE



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What they want to happen to fix the issue:	
What information is provided:	
What they are going to do now:	
Completed by:	Name: Position in <i>Insert Association Name</i> : Signature: / /
Signed by:	Complainant: Respondent:

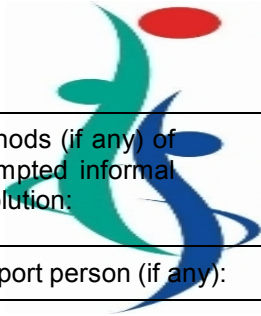
This record and any notes must be kept in a confidential place – do not enter it on a computer system. If the issue becomes a formal complaint, this record is to be sent to the MPIO/relevant personnel of ***Tweed Netball Association***.



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ATTACHEMENT E2: Confidential Record of FORMAL Complaint - TEMPLATE

Complainant's Name:	<input type="checkbox"/> Over 18 <input type="checkbox"/> less than 18	Date Formal Complaint Received: / /
Role/status in netball:	<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 	
Name of Respondent:	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Is the Respondent a financial member of <i>Insert Association Name?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Role/status in netball:	<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 	
Location/event of alleged issue:		
Description of alleged issue:		



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Methods (if any) of attempted informal resolution:	
Support person (if any):	

<p>Nature of complaint: (basis/grounds/category)</p> <p><i>Can tick more than one box</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 <input type="checkbox"/> Other </td> <td style="width: 10%; text-align: center; vertical-align: middle;">OR</td> <td style="width: 40%; vertical-align: top;"> <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 </td> </tr> </table>	<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 <input type="checkbox"/> Other	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"/> 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 <input type="checkbox"/> Other	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		



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Formal resolution procedures followed: (outline)	
If investigated: Finding -	
If went to hearing tribunal: Decision - Action recommended -	
If mediated: Date of mediation - Were both parties present - Terms of Agreement - Any other action taken -	
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 in <i>Insert Association Name:</i> Signature: / /
Signed by:	Complainant: Respondent:

This record and any notes must be kept in a confidential place. If the complaint is of a serious nature, or is escalated to and/or dealt with at the next level, at the ***Tweed Netball Association***



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Interim action (if any) taken: <small>(to ensure child's safety and/or to support needs of person complained about)</small>	
Police contacted:	Who: When: Advice provided:

Government agency contacted:	Who: When: Advice provided:
Region/Association President or Secretary or GM contacted:	Who: When:
Police and/or government agency investigation:	Finding:
Internal investigation: <small>(if any)</small>	Finding:
Action taken:	
Completed by:	Name: Position in <i>Tweed Netball Association:</i> Signature: / /
Signed by:	Complainant: (if not a child)

This record and any notes must be kept in a confidential place and provided to the relevant



authorities (police and government) should they require them.



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ATTACHMENT E4: Record of Mediation

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



This record and any notes must be kept in a confidential place. A copy should be retained by Netball Queensland (whatever level the complaint was made).



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Methods (if any) of attempted informal resolution:	
Support person: (if any)	
Hearings Tribunal Members:	
Hearings Tribunal Date and venue:	
Hearings 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 in Tweed Netball Association : Signature: / /
Signed by:	Complainant: Respondent:



This record and any notes must be kept in a confidential place. A copy should be retained by ***Tweed Netball Association*** (whatever level the complaint was made).



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ATTACHMENT E6: Incident Report Form –TEMPLATE

This report sheet is to be completed on incidents occurring within a competition and must be lodged with the relevant official of Netball Queensland in accordance with the specified timeframes.

Date: _____ Competition: _____ Division: _____

Teams: _____ V _____

If the incident is regarding the conduct of a player, please complete the following:

Offending Players Team: _____

Offending Players Position: _____

Offending Players Name: _____

If the incident is regarding the conduct of any other person, please complete the following:

Persons Name: _____ Persons District: _____

CHARGE:

Please tick appropriate offence. If more than one offence, tick all appropriate boxes.

<input type="checkbox"/>	Fighting / striking with a clenched fist.	<input type="checkbox"/>	Using abusive, obscene and/or threatening language.
<input type="checkbox"/>	Striking with an open hand.	<input type="checkbox"/>	Striking with a ball or other object.
<input type="checkbox"/>	Kicking / attempting to kick.	<input type="checkbox"/>	Deliberately tripping an opponent.
<input type="checkbox"/>	Attempting to strike with a clenched fist.	<input type="checkbox"/>	Deliberately elbowing.
<input type="checkbox"/>	Racial / discriminatory abuse.	<input type="checkbox"/>	Undue rough play.
<input type="checkbox"/>	Unsporting conduct, including disputing decisions.	<input type="checkbox"/>	Repeated deliberate infringements.

Please answer the following:

1. Was a warning given to the player during the game? Yes No

2. Was the player suspended for a specified period during the game? Yes No

If yes for how long? (e.g. 3 centres, 1 interval) _____

3. Was the player ordered off (whole game)? Yes No



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4. Was the player abusive towards the Official(s) after the game? Yes No

5. If the matter is referred to a Disciplinary Hearing, you may be required to appear and give evidence. Will this cause difficulty for you? Yes No

Please give specifics of the offence (include word for word verbals or swearing) and list any witness/witnesses.

Name: _____ Signature: _____

Contact Information: _____

Signature of *Tweed Netball Association* Official: _____

Date: _____ Time: _____

Tweed Netball Association Official Use:



**Tweed Netball
Association Inc.**



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ATTACHMENT E7: Application to Appeal Form -TEMPLATE

Appellant Information

Information contained in the Application to Appeal Form must be completed in BLOCK letters. Please complete ALL fields.

Contact Details

Association Name: _____

Contact Person: _____

Official Position: _____

Address: _____

Postal Address: _____

Telephone (b/h): _____

Telephone (a/h): _____

Mobile: _____

Fax: _____

Email: _____

1. The appellant appeals pursuant to (insert section and title of Constitution, By-Laws, Competition Rules, administrative decision etc under which appeal is brought):

2. From a (state whether a decision, order, refusal etc is appealed against)

3. By (insert name of person or committee appealed against):

4. On (insert date of decision etc appealed against):



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5. Matters appealed against are (set out brief description of matters appealed, including whether the appeal is against the whole decision, or part of a decision, and if a part which part or parts of the decision):

6. Grounds of the appeal are (set out fully the grounds of appeal in numbered paragraphs – if insufficient space the grounds of appeal should be included as an attachment):

7. Names of witnesses and representatives (include contact telephone numbers of people who are to provide information on your behalf to the Appeals Committee):

8. The following documents are attached in support of the appeal (set out documents, including title and dates):

9. Outcome requested (set out the outcome sought or in which way it is claimed the matter appealed against should be varied):



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Signature: _____

Capacity: _____

Related Documents

Tweed Netball Association Member Protection Policy