

 <h2 style="margin: 0;">SDNA</h2> <small>SPRINGVALE &amp; DISTRICT NETBALL ASSOCIATION</small>	<h1 style="margin: 0;">COMPLAINT FORM</h1>		
<b>EVENT / COMPETITION:</b>			
<b>VENUE OF INCIDENT:</b>			
<b>EXACT LOCATION OF INCIDENT:</b>			
<b>DATE OF INCIDENT:</b>			
<b>TIME OF INCIDENT:</b>			
<b>NATURE OF COMPLAINT:</b> <b>Can tick more than one box</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Competition Related Incident  <input type="checkbox"/> Hazard / Potential Hazard  <input type="checkbox"/> Unsportsmanlike behaviour  <input type="checkbox"/> Gross breach of code of conduct  <input type="checkbox"/> Attempting to physical abuse / fighting  <input type="checkbox"/> Verbal Abuse  <input type="checkbox"/> Other _____            _____         </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Disputing umpire decision  <input type="checkbox"/> Abuse of an umpire  <input type="checkbox"/> Breaches of Code of Conduct  <input type="checkbox"/> Cybersafety policy breach  <input type="checkbox"/> Discrimination  <input type="checkbox"/> Physical abuse  <input type="checkbox"/> Spitting  <input type="checkbox"/> Threatening            _____            _____         </td> </tr> </table>	<input type="checkbox"/> Competition Related Incident <input type="checkbox"/> Hazard / Potential Hazard <input type="checkbox"/> Unsportsmanlike behaviour <input type="checkbox"/> Gross breach of code of conduct <input type="checkbox"/> Attempting to physical abuse / fighting <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Disputing umpire decision <input type="checkbox"/> Abuse of an umpire <input type="checkbox"/> Breaches of Code of Conduct <input type="checkbox"/> Cybersafety policy breach <input type="checkbox"/> Discrimination <input type="checkbox"/> Physical abuse <input type="checkbox"/> Spitting <input type="checkbox"/> Threatening _____ _____
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<b>COMPLAINANT NAME:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18		
<b>COMPLAINANT PHONE:</b>			
<b>COMPLAINANT EMAIL:</b>			
<b>ROLE / STATUS IN NETBALL:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Player  <input type="checkbox"/> Coach or Assistant Coach  <input type="checkbox"/> Official  <input type="checkbox"/> Administrator (volunteer)  <input type="checkbox"/> Employee (paid)         </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Support Personnel  <input type="checkbox"/> Team Manager  <input type="checkbox"/> Parent  <input type="checkbox"/> Spectator  <input type="checkbox"/> Other _____         </td> </tr> </table>	<input type="checkbox"/> Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<input type="checkbox"/> Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____		
<b>RESPONDANT NAME:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18  <i>Please note that a copy of this report will be provided to the respondent</i>		

<b>ROLE / STATUS IN NETBALL:</b>	<input type="checkbox"/> Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<b>WITNESS #1 NAME:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
<b>ROLE / STATUS IN NETBALL:</b>	<input type="checkbox"/> Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<b>WITNESS #2 NAME:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
<b>ROLE / STATUS IN NETBALL:</b>	<input type="checkbox"/> Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<b>PLEASE PROVIDE A DETAILED /FACTUAL DESCRIPTION OF ALLEDGED INCIDENT:</b> <i>(Please use additional pages if more detail is required)</i>		
<b>OUTLINE ANY ACTION TAKEN AT THE TIME OF INCIDENT:</b> <i>(Please use additional pages if more detail is required)</i>		

<b>WHAT OUTCOME WOULD YOU LIKE TO SEE AS A RESULT OF THIS COMPLAINT?</b>	
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A Complaint Form must be submitted to SDNA committee within three (3) working days of the incident. Any witness statements should also be provided.

Once a Complaint Form has been lodged, SDNA will determine the appropriate process to follow using the relevant policy (including but not limited to SDNA Bylaws, Netball Victoria Competition Complaint Handling Regulation or Netball Australia Member Protection Policy).

Parties involved will be notified in due course if any further action or information is required or of any decisions or penalties to be imposed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_