



# Murwillumbah Netball Association Inc.

## POLICY – Member Protection

### Part H – Reporting Forms

#### Version Control

Date	Version	Details	Author
3 September 2015	1.0	Netball Queensland Template	Murwillumbah Netball Association Inc.

#### Approval

Delegation required for approval: President

Approving officer:

**Name:** Sue O'Connor      **Position:** President

**Date:** Adopted at Murwillumbah Netball Association General Meeting 3 September 2015.

#### Purpose and Background

To assist in consistency and accuracy in following procedures and reporting on the issues covered by **Murwillumbah Netball Association Inc.’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.

**ATTACHMENT E2**      ***Confidential Record of FORMAL Complaint***

To be used when a formal complaint is received by **Murwillumbah Netball Association Inc.**

**ATTACHMENT E3**      ***Confidential Record of Child Abuse Allegation***

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

**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



Feelings expressed by complainant: (completing this may help to separate emotional content from facts)	
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 <b>Murwillumbah Netball Association Inc.:</b>  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 **Murwillumbah Netball Association Inc.**



Methods (if any) of attempted informal resolution:	
Support person (if any):	
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 <b>Murwillumbah Netball Association Inc.:</b>  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 **Murwillumbah Netball Association Inc.** (whatever level the complaint was made).



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: (if any)	Finding:
Action taken:	
Completed by:	Name: Position in <b>Murwillumbah Netball Association Inc.:</b>  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.



**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 **Murwillumbah Netball Association Inc.** (whatever level the complaint was made).

**ATTACHMENT E5: Record of Hearings Tribunal Decision**

Complainant's Name:		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:		
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:		
Nature of complaint: (basis/grounds/ category)  <i>Can tick more than 1 box.</i>	<input type="checkbox"/> Harassment    OR <input type="checkbox"/> Discrimination <input type="checkbox"/> Sexual/Sexist <input type="checkbox"/> Selection Dispute <input type="checkbox"/> Sexuality <input type="checkbox"/> Personality Clash <input type="checkbox"/> Race <input type="checkbox"/> Bullying <input type="checkbox"/> Religion <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Pregnancy <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Disability <input type="checkbox"/> Victimisation <input type="checkbox"/> Child Abuse <input type="checkbox"/> Other .....	
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 <b>Murwillumbah Netball Association Inc.:</b>  Signature: / /
Signed by:	Complainant: Respondent:

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

## 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 **Murwillumbah Netball Association Inc.** 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)

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

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



**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):

\_\_\_\_\_

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):

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

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

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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**

**Murwillumbah Netball Association Inc. Member Protection Policy**