



## MSSC Member Protection Complaint Form

Name of person receiving Complaint:

---

Date \_\_\_\_\_

Complainants Name:

---

Over 18       Under 18

Complainants Contact Details:

---

Telephone:

---

Email:

---

Complainant's role/status at Club:

- Administrator (volunteer)       Parent       Player  
 Spectator       Coach/Ass       Support Personnel  
 Employee (paid)       Official       Other

Name of person complained about:

---

Over 18       Under 18

Person complained about role/status at Club:

- Administrator (volunteer)       Parent       Player  
 Spectator       Coach/Ass       Support Personnel  
 Employee (paid)       Official       Other

Location or event of alleged issue:

---

---

---

Description of alleged issue:

---

---

---

Nature of Complaint (category/basis/grounds):

---

---

---

Can tick more than one box

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Harassment        | <input type="checkbox"/> Discrimination   | <input type="checkbox"/> Sexual/sexist |
| <input type="checkbox"/> Selection dispute | <input type="checkbox"/> Coaching methods | <input type="checkbox"/> Sexuality     |
| <input type="checkbox"/> Personality clash | <input type="checkbox"/> Verbal abuse     | <input type="checkbox"/> Race          |
| <input type="checkbox"/> Bullying          | <input type="checkbox"/> Physical abuse   | <input type="checkbox"/> Religion      |
| <input type="checkbox"/> Disability        | <input type="checkbox"/> Victimisation    | <input type="checkbox"/> Pregnancy     |
| <input type="checkbox"/> Child abuse       | <input type="checkbox"/> Unfair decision  | <input type="checkbox"/> Other         |

Please tell us how you would like this issue to be resolved:

---

---

---

What information can the MPIO provide to you?

---

---

---

What is an adequate resolution and/or action that can be undertaken:

---

---

---

MPIO follow-up action:

---

---

---

---