

SCHEDULE 1

Complaint Form

Internal Use Only		
Name of person receiving Complaint		Date Complaint Form Received: / /
How was the Complaint received		
Complainant to Complete		
Name of Complainant <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Complainant's contact details	Phone: Email:	
Complainant's role/position within the Special Olympics Program	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Name and contact details of person complained about (Respondent) Phone: Email: <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
Respondent's role/position	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Date/s of alleged breach/es by Respondent		
Location/s of alleged breach/es by Respondent		

<p>Description of alleged breach by Respondent</p> <p><i>Please provide as much information as possible, including details of who is involved, describe what happened and when, and how you found out about the breach - attach further pages if necessary</i></p>	
<p>Witnesses (if any)</p>	<p>Did anyone else witness this alleged breach by the Respondent?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>If 'Yes', please list the witnesses and their contact details (if known):</p> <p>1. Name: Phone: Email:</p> <hr/> <p>2. Name: Phone: Email:</p> <hr/> <p>3. Name: Phone: Email:</p>
<p>Level of the Special Olympics Program at which alleged breach occurred</p>	<p><input type="checkbox"/> SOA level where they relate to behaviour, an incident or circumstances that occurred at or involve individuals operating at the national level; or</p> <p><input type="checkbox"/> Member level where they relate to behaviour, an incident or circumstances that occurred at or involve individuals operating at the Member Organisation level.</p>
<p>Eligible policy that Respondent has allegedly breached</p> <p>Sections allegedly breached</p>	

Does Complainant consent to alternative dispute resolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed by Complainant	Signature: Date: