

Riding for the Disabled Association of Queensland Incorporated

ABN 98 582 430 576 Email: admin@rdaq.org.au Web: www.rdaq.orq.au

CONFIDENTIAL RECORD OF INFORMAL COMPLAINT

Name of person receiving complaint				Date: / /
Complainant's Name				
	□ Over 18		□ Under 18	
Role/status	 □ Administrator (volunteer) □ Athlete/player □ Coach/Assistant Coach □ Employee (paid) □ Official 		□ Parent□ Spectator□ Support Personnel□ Other	
When/where did the incident take place?				
What are the facts relating to the incident, as stated by complainant?				
What is the nature of the complaint? (category/basis/grounds)	☐ Harassment or ☐ Discrimination			
	□ Sexual/sexist	☐ Selection dispute	□ Coaching methods	
	Sexuality	☐ Personality clash	□ Verbal abuse	
Tick more than one box if necessary	Race	□ Bullying	□ Physical abuse	
	Religion	☐ Disability	□ Victimisation	
	☐ Pregnancy	☐ Child Abuse	☐ Unfair decision	
	☐ Other			
What does the complainant want to happen to resolve the issue?				
What other information has				
the complainant provided?				
What is the complainant				
going to do now?				

This record and any notes must be kept in a confidential and safe place. Do not enter it on a computer system. If the issue becomes a formal complaint, this record is to be given to *RDAQ Member Protection Officer*