



## PERTH NETBALL ASSOCIATION COMPLAINT FORM

This report form must be signed by a Club Coordinator and lodged no earlier than 9am on the Monday and no later than 9am on the Wednesday after an alleged incident. Complaints lodged outside of these timeframes may not be considered. Complainants should be aware that, if this matter is referred to a Tribunal hearing, they may be required to provide evidence in person.

Complainant Name:						Date of Incident: / /		
Complainant Mobile No:				Complainant Email:				
Complainant Role: (Please circle)		Coach	Umpire	Player	Parent/Spectator	Admin	Other	
Complainant Club:								
Name of Accused : (if known, or any other identifying information)					Accused Person's Club:			
Role of Accused Person: (Please circle)		Coach	Umpire	Player	Parent/Spectator	Admin	Other	
Match between:								
Age Group:			Div:		Time:		Court:	
Nature of Complaint: (circle those that apply)								
Rough Play/Conduct		Offensive, insulting or Abusive Language		Intimidation/bullying		Disputing Umpires' Decisions		Obscene Gesture
Threatening behaviour		Unsportsmanlike Behaviour		Other (describe):				
What stage of the game did the incident occur? (circle answer from options below)								
Before start	1 <sup>st</sup> quarter	¼ time break	2 <sup>nd</sup> quarter	Half-time break	3 <sup>rd</sup> quarter	¾ time break	4 <sup>th</sup> quarter	After the game
Were there any other witnesses to the incident?: Yes / No (if yes, please list them below)								
Name:			Role:			Contact No:		
Name:			Role:			Contact No:		
Details of Incident: (please include as much detail as possible, including where the incident occurred on the court, actual words used, describe physical gestures in specific detail, names and positions of other players/officials involved, manner and tone of voice.) continue over the page if required.								

Details of Incident (cont):

Complainant Name:	Club Coordinator Name:
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Signature:	Signature:
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Please note: Further action will be based on the examination of this incident report and shall be at the discretion of the Permit &

*OFFICE USE ONLY*

*Reference Number:*

<i>Date complaint received:</i> /    /	<i>Received By:</i>
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*Complaint given to Competition Coordinator: Yes / No*

*Name of Coordinator:*

*Action Taken:*

*Date Closed:*        /    /