

ATTACHMENT 4
RESPONDENT FORM

| | | |
|---|--|--|
|  | | |
| RESPONDENT FORM | | |
| Event / Competition: | | |
| Venue of incident: | | |
| Exact location of incident: | | |
| Date of incident: | | |
| Time of incident: | | |
| Respondent Name: | <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 | |
| Respondent Address: | | |
| Respondent Phone: | Home: _____ Mobile: _____ | |
| Respondent Email: | | |
| Role / Status in netball: | <input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid) | <input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____ |
| Witness #1 Name: | <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 | |
| Role / Status in netball: | <input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid) | <input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____ |
| Witness #2 Name: | <input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18 | |
| Role / Status in netball: | <input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid) | <input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____ |

Please provide a detailed description of alleged incident:

Please return the Respondent Form to the [Insert Organising Body]’s Complaint Manager ASAP (within 3 days of receiving the complaint against you).

Please also return any other witness statements you are providing.

Parties involved will be notified in due course if any further action or information is required or of any decisions or penalties to be imposed.

Signed: _____

Date: _____