



Brentwood Gymnastics Club

RECORD OF COMPLAINT

Instructions:

- Complete details of the complaint
- Submit to Head Coach for registration
- Provide copy to Complainant
- Provide a copy to the President

Complaint Ref #:

BGC RECORD OF COMPLAINT

Name of person receiving complaint		Date: / /
Complainant's Name	<ul style="list-style-type: none"> • Over 18 • Under 18 	
Complainant's contact details	Phone: Email:	
Complainant's role/status in Club	<ul style="list-style-type: none"> • Administrator (volunteer) • Gymnast • Coach/Assistant Coach • Employee (paid) • Official • Parent • Spectator • Support Personnel • Other 	
Name of person complained about	<ul style="list-style-type: none"> • Over 18 • Under 18 	
Person complained about role/status in Club	<ul style="list-style-type: none"> • Administrator (volunteer) • Athlete/player • Coach/Assistant Coach • Employee (paid) • Official • Parent • Spectator • Support Personnel • Other 	
Location/event of alleged issue		
Description of alleged issue		



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Nature of complaint (basis/grounds) Can tick more than one box	<ul style="list-style-type: none">• Harassment• Sexual/sexist• Sexuality• Race• Religion• Pregnancy• Other <ul style="list-style-type: none">• Discrimination• Selection dispute• Personality clash• Bullying• Disability• Child Abuse <ul style="list-style-type: none">• Coaching methods• Verbal abuse• Physical abuse• Victimisation• Unfair decision
What they want to happen to fix issue	
Information provided to them	

Received by:

Signed:

Name:

Date:



Brentwood Gymnastics Club

COMPLAINT OUTCOMES

INSTRUCTIONS

- Raise the complaint with BGC President
- Have assigned an Owner to investigate
- Record outcomes
- Confirm approach with Committee
- Reply to Complainant
- Sign off Complaint

Complaint Ref #:

BGC RECORD OF COMPLAINT RESPONSE

Date Raised to President	
Complaint Owner	
Resolution and/or action taken	
Parties Contacted	<ul style="list-style-type: none"> ● Police ● VGA/Insurers ● Council ● 3rd Party Other ● Worksafe ● DHHS ● EPA
Follow-up action	



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COMPLAINT OUTCOMES

Other notes	

Signed:

Name:

Date: