



RECORD OF COMPLAINT

Name of person receiving complaint:	Date:																		
Complainant's name or guardian:	Time: <input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18																		
Role / Status: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Instructor</td> <td style="width: 33%;"><input type="checkbox"/> Family member</td> <td style="width: 33%;"><input type="checkbox"/> Volunteer</td> </tr> <tr> <td><input type="checkbox"/> Assistant Instructor</td> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Committee</td> </tr> <tr> <td><input type="checkbox"/> Parent / Guardian</td> <td><input type="checkbox"/> Spectator</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p style="margin-left: 20px;">If 'other' (specify):</p>		<input type="checkbox"/> Instructor	<input type="checkbox"/> Family member	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Assistant Instructor	<input type="checkbox"/> Student	<input type="checkbox"/> Committee	<input type="checkbox"/> Parent / Guardian	<input type="checkbox"/> Spectator	<input type="checkbox"/> Other									
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Location / Event of alleged issue:																			
Facts as stated by complainant:																			
Nature of complaint: (Can tick more than one box) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Harassment / intimidation</td> <td style="width: 33%;"><input type="checkbox"/> Bullying</td> <td style="width: 33%;"><input type="checkbox"/> Instructor methods</td> </tr> <tr> <td><input type="checkbox"/> Sexual / sexist</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Unfair decision</td> </tr> <tr> <td><input type="checkbox"/> Offensive remark</td> <td><input type="checkbox"/> Child abuse</td> <td><input type="checkbox"/> Grading</td> </tr> <tr> <td><input type="checkbox"/> Racial</td> <td><input type="checkbox"/> Verbal abuse</td> <td><input type="checkbox"/> Disagreement</td> </tr> <tr> <td><input type="checkbox"/> Religious</td> <td><input type="checkbox"/> Physical abuse</td> <td><input type="checkbox"/> Coaching</td> </tr> <tr> <td><input type="checkbox"/> Discrimination</td> <td><input type="checkbox"/> Victimisation</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p style="margin-left: 20px;">If 'other' (specify):</p>		<input type="checkbox"/> Harassment / intimidation	<input type="checkbox"/> Bullying	<input type="checkbox"/> Instructor methods	<input type="checkbox"/> Sexual / sexist	<input type="checkbox"/> Disability	<input type="checkbox"/> Unfair decision	<input type="checkbox"/> Offensive remark	<input type="checkbox"/> Child abuse	<input type="checkbox"/> Grading	<input type="checkbox"/> Racial	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Disagreement	<input type="checkbox"/> Religious	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Coaching	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Victimisation	<input type="checkbox"/> Other
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State follow up action taken:																			
Complainant's signature:																			

Complaints received, both formal and informal, are taken seriously by the committee and will be treated confidentially with a high degree of sensitivity. This form must be handed to the Chief Instructor (Shihan).