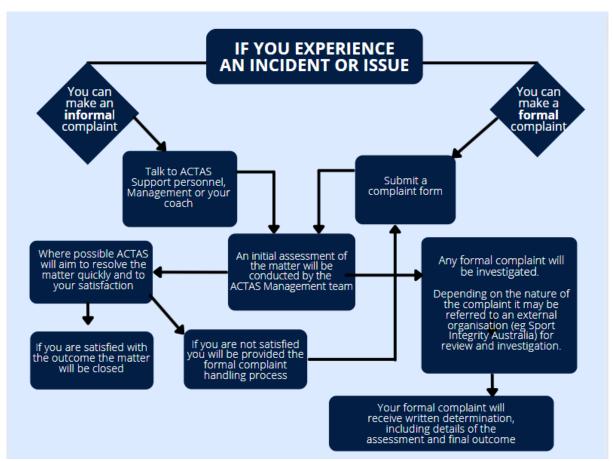


ACT ACADEMY OF SPORT – ACTAS COMPLAINT FORM

At the ACT Academy of Sport (ACTAS) we believe sport should be safe, fair, and inclusive. To do this we must provide an environment where you can report poor or inappropriate behaviour which may include, but not be limited to verbal abuse, sexual harassment, intimidation, discrimination, or bullying.

The Process

As a complainant you can expect to be treated with dignity and respect throughout the process. You can raise an incident, issue, or complaint at any time. For some matters we ask that you complete a complaint form. We will not disclose this information without your permission unless we are legally required to do so. You have the option of raising a complaint informally or anonymously which means ACTAS will become aware of your concern, however this limits the response ACTAS may be able to take.



If you would like to speak to someone about the ACTAS Complaint Procedure, please contact the ACTAS Director at gerard.corradini@act.gov.au or 0417683183.

Part A – About you, the complainant

I am making the complaint myself or on behalf of someone else

Please note: If you wish to make an anonymous complaint go to page 2. Complaints may be lodged anonymously, if so, this limits the option to provide a response.

I wish to make an ano	onymous complaint: Yes / No
assistance they need:	
Please advise if they n	eed assistance to participate in the complaint process and the kind of
What is their relations	hip to you?
Postcode:	
State/Territory:	
Suburb:	
Address:	
Last name:	
First name:	
Title:	
If you are complaining person.	g on behalf of someone else, please provide the following details about this
require:	
If you require assistan	ce to participate in the complaint process, please outline the assistance you
Mobile :	
Email:	
Postcode:	
State/Territory:	
Suburb:	
Address:	
Age:	if under 18 - are my parents/guardians aware I am making a complaint.
Last name:	
First name:	
Title:	

If so, who? Please provide the following details about this person.
(For example, a legal representative, advocate, or union representative)

Title:
First name:
Last name:
Position:
Organisation:
Address:
Suburb:
State/Territory:
Postcode:
Email:
Mobile:
Please advise if they need assistance to participate in the complaint process and the kind of assistance they need:

Assistance

For any of the people involved in the complaint, please advise if they need any assistance in the complaint process and the kind of assistance they may need.

Please call the ACTAS Director on 0417 683 183 to discuss options available.

Part B – Who is the complaint about? They are known as the respondent

Respondent 1

Name of the person or organisation:

Role of the person or organisation: Please indicate or circle

Is someone assisting you with this complaint? Yes / No

Coach Athlete Manager

Support personnel

Parent

What is your relationship to this respondent?

Name of the person or organisation: Role of the person or organisation: What is your relationship to this respondent? Note: If you are complaining about more than two people or organisations, please provide information about each additional person or organisation. Part C – What is the form of the perceived issue, concern, or grievance? (Please select at least one reason below) For definitions, please visit https://www.sportintegrity.gov.au/definitions-of-prohibited-conduct I have been discriminated against because of my Age Disability What is your disability? Gender identity What gender do you identify as? Pregnancy Sexual orientation What is your sexual orientation? Intersex status Race (this includes colour, national origin, descent or ethnic origin) What is your race/national or ethnic origin/descent? Religion What is your religion? Political opinion What is your political opinion? I have been sexually harassed / abused I have been physically harassed / abused I have experienced racial hatred What is your race/national or ethnic origin/descent?

Respondent 2

	I have been victimised because I made, or tried to make, a complaint about discrimination	
	The respondent(s) belittled me	
	I have been bullied	
	I have been isolated from my training environment	
	I want to complain about non-selection	
	Health & Safety	
	Interpersonal conflict and difficulties	
	Other (please specify i.e., inappropriate behaviour)	
When o	did the alleged event(s) happen?	
Where	did the alleged event(s) happen?	
What h	pappened?	
	be the event(s) that you want to complain about. We need to know what you say happened, it happened and who was involved. Please give us all the dates and other details that you can ber.	

If you are complaining about employment, please tell us when you commenced employment, your job title and whether you are still employed.

Supporting documents

Please attach copies of any documents that support the claims in your complaint. For example - letters, separation certificate, doctors' certificate. If you cannot do this,

Please tell us about the documents or other information and how this information can be obtained. (it is not a requirement to have supporting documentation if you do not have any.)

How do you think this complaint could be resolved?

For example, a complaint may be resolved with an agreement that a respondent will change its behaviour, introduce training or policies on anti-discrimination, take other action to prevent possible discrimination, mediation, a formal conflict resolution process, training or education on anti-discrimination, or other actions to prevent possible discrimination, bullying or harassment.

Part D - Lodging the complaint

Please send the complaint form to:

Post: Director - ACT Academy of Sport

Building 20

Australian Institute of Sport

Bruce, ACT, 2617

Email: gerard.corradini@act.gov.au

Signature:

Date:

Form/Procedure owner	Director, ACTAS
Approved by	Executive Branch Manager, Sport & Recreation
Effective date	18 July 2022
Updated by	Director, ACTAS
Review due	18 July 2024