



WYNDHAMVALE FOOTBALL CLUB

CONFIDENTIAL RECORD OF CHILD ABUSE ALLIGATION

STRICTLY CONFIDENTIAL

Complainant's Name:			Date Formal Complaint Received: /...../.....
Role/Status in Sport:			
Child's Name:		Age:	
Child's Address:			
Name of person complained about (respondent):			
Respondent's Role/Status:	<input type="checkbox"/> Volunteer <input type="checkbox"/> Parent <input type="checkbox"/> Athlete/Player <input type="checkbox"/> Spectator <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official <input type="checkbox"/> Other:		
Witnesses: (If more than 3 witnesses, attached details to this form)	Name:		
	Contact Details:		
	Name:		
	Contact Details:		
	Name:		
	Contact Details:		
Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)			
Police Contacted:	Who:		
	When:		
	Advice Provided:		

Government Agency Contacted:	Who:	
	When:	
	Advice Provided:	
President Contacted:	Who:	
	When:	

Police and/or Government Agency investigation

Finding:	
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Internal Investigation (if any)

Finding:		
Action Taken:		
Completed By:	Name:	
	Position:	
	Signature:	
	Date:	
Signed by (if not a child)	Complainant:	

*This record and any notes are **STRICTLY CONFIDENTIAL**. It must be provided to relevant club administrators, and or if required authorities (police and or government).*