

SCHEDULE 1 - COMPLAINT FORM

This complaint form should be lodged online at <http://forms.sls.com.au>.

Internal Use Only	
Name of person receiving Complaint:	Date Complaint Form Received: / /
How was the Complaint received:	
Complainant to Complete	
Name of Complainant:	
	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Complainant's contact details:	Mobile: Email:
Complainant's role/position within SLS Entity:	<input type="checkbox"/> SLS Member <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other:.....
Name of person(s) complained about (Respondent(s)):	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18
Respondent(s)'s role/position:	<input type="checkbox"/> SLS Member <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other:.....
Location(s) of alleged breach(es) by Respondent(s):	
Description of alleged breaches by Respondent(es):	
	<i>Please provide as much information as possible (attach additional information if necessary)</i>
Level of the SLS at which alleged breach(es) occurred:	<input type="checkbox"/> Club level where they relate to behaviour, an incident or circumstances that occurred at or involve persons operating at the Club level. <input type="checkbox"/> Branch level where they relate to behaviour, an incident or circumstances that occurred at or involve persons operating at the Branch level; <input type="checkbox"/> State Centre level where they relate to behaviour, an incident or circumstances that occurred at or involve persons operating at the State Centre level; or;

	<input type="checkbox"/> National level where they relate to behaviour, an incident or circumstances that occurred at or involve persons operating at National level.
Eligible policy or policies of SLS that Respondent has allegedly breached, including sections allegedly breached:	
Does Complainant consent to Mediation is a potential resolution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed by Complainant or appointed person if under 18:	Signature: Date:
If the Complainant is under 18, provide the name and relationship of appointed person who signed on Complainant's behalf:	Name: Relationship (parent/guardian): Contact number: Contact email: