ACF Formal Complaint Form

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| This form is for formal complaints that falls outside the scope of the [ACF National Integrity Framework](https://calisthenicsaustralia.com.au/national-integrity-framework/).  Formal complaints involve serious or persistent issues that require a structured and documented process to resolve. These complaints often involve breaches of ACF policy, code of conduct violations, or other significant concerns that necessitate a formal investigation and written records.  Prior to making a formal complaint, you must determine the type of complaint, and the organisation level that the issue has occurred. This will provide guidance to the initial steps to be taken in the formal complaints process.  The ACF ***Non\_NIF Complaints & Disputes Management Policy*** provides a step-by-step guide to determining the level of your complaint. For further assistance, the ACF Complaints Decision Flowchart provides a graphic representation for determining the type and level of the complaint.  After identifying that your complaint   1. relates to an issue that is Calisthenics specific and relevant to the ***ACF Non-NIF Complaints and Disputes Management Policy*** as per Clause 4.2., and 2. identifies the organisational level under which the complaint is to be directed is the ACF (see Clause 7.1a to assist for these determinations),   a Complainant may make a formal complaint by completing and submitting this ACF Complaint Form  Please submit this form and any relevant attachments to *the ACF Formal Complaints @ complaints@calisthenicsaustralia.com.au* | | | | | | | | |
| SECTION 1: COMPLAINANT’S INFORMATION  *Details of the person to whom the Alleged Conduct occurred.*  *If more than one person was affected by the Alleged Conduct – please complete a separate ACF Formal Complaints Form for each Complainant.* | | | | | | | | |
| **Full Name:** |  | | | | | | | |
| **Date of Birth:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Gender:** | Male  Female  Non-binary/gender diverse | | | | | | Prefer not to say  Other (please specify): | |
| **State:** | Australian Capital Territory  New South Wales  Northern Territory  Queensland | | | | | | South Australia  Western Australia  Victoria  Other (Please Specify): | |
| **Do you identify as Aboriginal or Torres Strait Islander?** | Yes | | No | | | | Prefer Not To Say | |
| **Do you identify as a person with a disability?** | Yes | | No | | | | Prefer Not To Say | |
| **Is English your first language?** | Yes | | No | | | | Prefer Not To Say | |
| **Assistance?**  *Please advise whether any assistance is required during the process, and type of assistance (i.e., an interpreter).* |  | | | | | | | |
| **Role or Position in Calisthenics** | Administrator  Participant  Coach/Assistant Coach  Volunteer  Official/Adjudicator/Examiner | | | | | | Board/Committee member  Employee (paid)  Parent  Spectator  Other (Please Specify) | |
| **Who is Submitting this Complaint?** | Complainant | | | | | | Other Party | |
| **If ‘other party’ – Name of Submitter:** |  | | | | | |  | |
| **Relationship to the Complainant:** |  | | | | | |  | |
| **Is the Complainant aware you are submitting this complaint?** |  | | | | | |  | |
| **Have you gotten written consent from the Complainant to act on their behalf?**  *If you are not the legal guardian of this person, please attach written consent from the person that you are acting on behalf of.* |  | | | | | |  | |
| **Are additional parties affected by the Alleged Conduct?**  *If you answered “YES” - additional parties are affected by this Alleged Conduct – please fill out a separate ACF Complaints Form for each party.* | Yes | | | | No | | | |
| **Submitter’s Signature:** |  | | | | | | | |
| **Date:** |  | | | | | | | |
| SECTION 2: RESPONDENT’S INFORMATION  *Please provide details of the Respondent you are complaining about.*  *A Respondent is a Person, Calisthenics Club, or an Organisation that is bound by the ACF National Integrity Framework and Policies. See the ACF National Integrity Complaints, Disputes and Discipline Policy and the ACF Non-NIF Complaints & Disputes Management Policy for more details.* | | | | | | | | |
| **Name of Person, Club or Organisation:** |  | | | | | | | |
| **Respondent’s Role or Position in Calisthenics** | Administrator  Participant  Coach/Assistant Coach  Volunteer  Official/Adjudicator/Examiner | | | | | | Board/Committee member  Employee (paid)  Parent  Spectator  Other (Please Specify) | |
| **Complainant’s relationship to the Respondent:** |  | | | | | | | |
| **Is there more than one Respondent?**  *If ‘yes’ please copy and paste the Respondent Information cells and complete for each Respondent.* | Yes | | | | | | No | |
| SECTION 3: INCIDENT/S OF ALLEGED CONDUCT  *Provide details of the incident / matter for the complaint.* | | | | | | | | |
| **What ACF Policy does the Incident relate to (tick all that apply)** | | NIF Safeguarding Children & Young People Policy  NIF Competition Manipulation & Sport Wagering Policy  NIF Improper Use of Drugs and Medicine Policy  NIF Inclusion Policy  NIF Member Protection Policy | | | | ACF Code of Conduct  Unsure  Other ACF Policy (Please Specify): | | |
| **Date/s of Alleged Conduct** | |  | | | | | | |
| **Location / Address of Alleged Conduct** | |  | | | | | | |
| **Description of Alleged Conduct / Incidents**  *Note: Please provide as much information as possible, including details about who was involved, what happened and/or how you found out about the Alleged Conduct if it did not happen to you.*  *Attach any relevant supporting documents or images.* | |  | | | | | | |
| **Were there witnesses?** | | Yes | | No | | | | Unsure |
| **Witness 1 Name, Phone and Email:** | |  | | | | | | |
| **Witness 2 Name, Phone and Email:** | |  | | | | | | |
| **Witness 3 Name, Phone and Email:** | |  | | | | | | |
| SECTION 4: REPORTS | | | | | | | | |
| **Have you reported the Alleged Conduct to another organisation, body or agency?**  *Note: For example, to a sporting body at any level including a National Sporting Organisation, State Sporting Organisation or Club, a law enforcement agency, or an anti-discrimination or equal opportunity agency?* | | Yes | | | | No | | |
| **If yes, provide contact details of the organisation, body, or agency, as well as any actions taken and outcomes of the report** | |  | | | | | | |