



**CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION**

Before completing this form, please ensure that the steps outlined in Attachment D4 have been followed and advice has been sought from the police and/or the relevant child protection agency.

Complainant's name (if other than the child)
Date formal complaint received:    /    / Role/status in sport Child's name Age: Child's address Person's reason for suspecting abuse (e.g. observation, injury, disclosure)
Name of person complained about
Role/status in sport   Administrator (volunteer)                          Parent   Athlete/player Spectator   Coach/Assistant Coach    Support Personnel   Employee (paid)    Other   Official
Witnesses (if more than three witnesses, attach details to this form) Name (1): Contact details: Name (2): Contact details: Name (3): Contact details: Interim action taken (if any)
Police contacted Who: When: Advice provided:
Basketball Australia Member Protection Policy 47
Child protection agency contacted
Who: When: Advice provided:

CEO contacted Who: When: Police investigation (if any) Finding:
Child protection agency investigation (if any)
Finding:
Internal investigation (if any)
Finding:
Action taken
Completed by
Name: Position: Signature: / /
Signed by Complainant (if not a child)

This record and any notes must be kept in a confidential and safe place. If required, they should be provided to the