



Bowls New South Wales Ltd

Member Protection Policy

Attachment E5 Record of Tribunal Decision

Complainant's Name (if other than the child)		Date Formal Complaint Received
Role/status in bowls	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____
Name of person complained about		
Role/status in bowls	<input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____
Location/event of alleged issue		
Description of alleged issue		
Nature of complaint (basis/ grounds/category)	<input type="checkbox"/> Harassment or Discrimination <input type="checkbox"/> Sexual/sexist <input type="checkbox"/> Selection dispute <input type="checkbox"/> Sexuality <input type="checkbox"/> Personality clash <input type="checkbox"/> Racial <input type="checkbox"/> Bullying <input type="checkbox"/> Religious	<input type="checkbox"/> Verbal abuse <input type="checkbox"/> Pregnancy <input type="checkbox"/> Physical abuse <input type="checkbox"/> Disability <input type="checkbox"/> Victimization <input type="checkbox"/> Child Abuse <input type="checkbox"/> Other _____
Methods (if any) of attempted informal resolution		
Support person (if any)		



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Record of Tribunal Decision - (continued)

Tribunal Members	
Tribunal hearing date and venue	
Tribunal decision (attach report)	
Action recommended and any follow up report required	
If decision appealed, date appeal was lodged	
Appeal hearing date	
Appeal decision (attach report)	
Action recommended	
Completed by	Name: Position with BNSW: Signature: Date:
Signed by	Complainant: Respondent: