

Launceston United Complaint Reporting Form

What are you reporting: (Please circle)	Unacceptable behaviou	r Bullying	Harassment	
Discrimination Child Safety Other (please	specify)			
Where did it take place: (Please circle):	In the game At	Training O	nline	
Other (please specify)			· · · · · · · · · · · · · · · · · · ·	
Name, contact details and role of pers	on completing this f	form:		
Name:				
Phone:				
Email:				
*IMPORTANT - If anyone is in immedia	ate danger call 000.			
Signature of person completing this fo	orm:			
Date:/2024				
Incident/Complaint Date and time of incident/complaint:				
On//2024 At	AM or PM (F	Please circle)		
Name/s of person/s involved in the incident/complaint and their clubs/associations:				
Description of incident/complaint:				



Description of incident/complaint continued:			
Witness/s (include contact details):			
Name/s:			
Phone/s:			
Reporting of the complaint to Launceston United			
Incident Reported to Whom:	Date:		
Name	/ /2024		
Name:	/2024		
How (this form, in person, email, phone):			
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Upon completion of the form please do one of the following:

- pass by hand or
- email or
- take a photo of the form and send both pages to:

Chris Budgeon

Member Protection Information Officer (MPIO)

Phone: 0408 134 751

Email: Christopher.budgeon@hotmail.com

Or

Simone Preece

Child Safety & Well Being Officer (CSWO)

Phone: 0407 026 545

Email: simone.preece@icloud.com

IMPORTANT please note: You will be contacted within 72 hours/3 days of completing this form or earlier if possible.