Victorian Churches Football Association

Complaint Record Form

REMEMBER! Always call 000 if a child is in immediate danger

Date:	**Complaint record reference:**
Your name: **Position:**	**Complaint assigned to:**
How was the complaint received (e.g. phone, email, in person):	
Name of complainant 1. Name of child or young person involved in the complaint: 2. Name of person making the complaint [if different to above]:	
3. Name of the person who the complaint was made about [if applicable]:	
Contact details: 4. Complainant contact details: a. Address: b. Phone number: c. Email: *Preferred contact method: _____	
Details relating to the child or young person: 5. Age: 6. Gender: 7. Do they identify as Aboriginal or Torres Strait Islander? 8. Are they from a culturally and linguistically diverse background? If, yes, specify: 9. Do they have a disability? If, yes, provide any relevant details _____	

10. Do they have communication support needs? If yes:

☐ Was the child or young person offered an interpreter?

☐ Was the child or young person offered a communication assistant?

☐ Was the child or young person offered a support person, advocate, family member?

☐ Any other supports?

11. Provide any relevant information relating to the child or young person's preferred communication methods, support needs, and involvement in the complaint-handling process:

12. If the complainant has a disability, provide any relevant details relating to their guardianship, advocacy or other decision-making arrangements (e.g. the name and contact details of any nominees authorised to receive information on their behalf):

Details relating to the complainant (if made by an adult on behalf of the affected child or young person)

13. Age:

14. Gender:

15. Relationship to the affected child or young person:

16. Do they identify as Aboriginal or Torres Strait Islander?

17. Are they from a culturally and linguistically diverse background? If yes, specify:

18. Do they have a disability? If, yes, provide any relevant details _____

19. Do they have communication support needs? If yes:

☐ Was the complainant offered an interpreter?

☐ Was the complainant offered a communication assistant?

☐ Any other supports?

20. Provide any relevant information relating to the complainant's preferred communication methods, support needs, and involvement in the complaint-handling process:

Nature of the complaint:

21. Complaint description (accurately record the issues, concerns, details of any witnesses, as far as possible in the child's own words): 22. What outcome to the complaint is the complainant seeking?	
Immediate risk considerations: 23. Details of any injuries and if the child or others received medical attention: 24. Does the complaint indicate the possibility of criminal conduct? Yes/No/Unsure 25. Is a mandatory child protection report required? Yes/No 26. Does the complaint involve a reportable allegation/incident? Yes/No/Unsure 27. Is any immediate risk management action required? Yes/No	
Next steps:	
Signed: _____ **Print name:** _____	**Date:** _____

Complaint records should be meticulously and accurately maintained and securely stored in compliance with legal requirements.

Complaint records are stored in a secured folder accessible only to the VCFA President and VCFA General Manager.

Complaints and reports should be directed to the VCFA Child Safety Officer (CSO) (the General Manager (gm@vcfa.org.au) or, if the CSO is unavailable, the VCFA President (president@vcfa.org.au).

References

- **VCFA Child Safety and Wellbeing Policy**: https://vcfa.org.au/documents
- **VCFA Child Safe Code of Conduct:** https://vcfa.org.au/documents
- **VCFA Volunteer Agreement form:** provided as required
- **VCFA Codes of Conduct:** https://vcfa.org.au/documents
- **VCFA Child Safety Reporting Process:** https://vcfa.org.au/documents
- **VCFA Risk Management Plan:** ***in development***