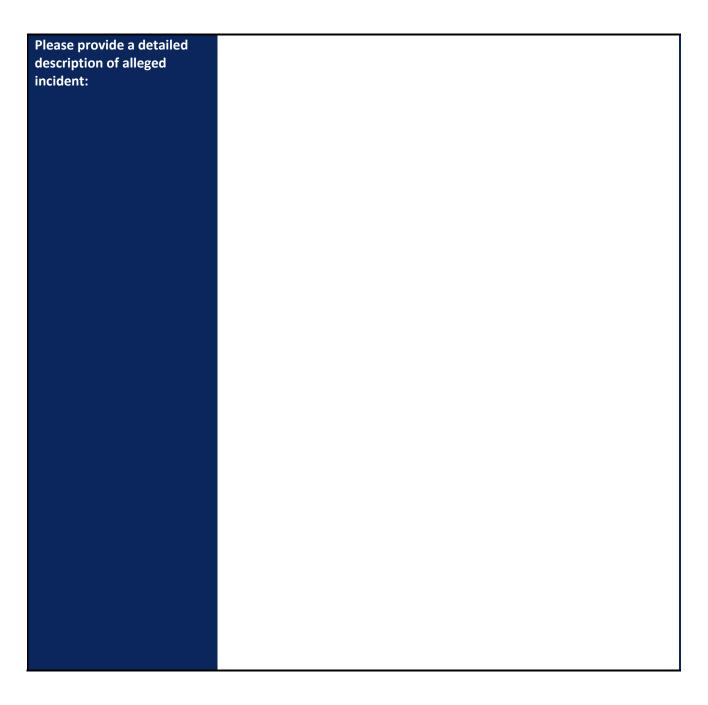
ATTACHMENT 4 RESPONDENT FORM

	RESPON	IDENT FORM
Event / Competition:		
Venue of incident:		
Exact location of incident:		
Date of incident:		
Time of incident:		
Respondent Name:		□ Under 18 □ Over 18
Respondent Address:		
Respondent Phone:	Home:	Mobile:
Respondent Email:		
Role / Status in netball:	 Athlete or Player Coach or Assistant Coach Official Administrator (volunteer) Employee (paid) 	 Support Personnel Team Manager Parent Spectator Other
Witness #1 Name:		□ Under 18 □ Over 18
Role / Status in netball:	 Athlete or Player Coach or Assistant Coach Official Administrator (volunteer) Employee (paid) 	 Support Personnel Team Manager Parent Spectator Other
Witness #2 Name:		□ Under 18 □ Over 18
Role / Status in netball:	 Athlete or Player Coach or Assistant Coach Official Administrator (volunteer) Employee (paid) 	 Support Personnel Team Manager Parent Spectator Other



Please return the Respondent Form to the [Insert Organising Body]'s Complaint Manager ASAP (within 3 days of receiving the complaint against you).

Please also return any other witness statements you are providing.

Parties involved will be notified in due course if any further action or information is required or of any decisions or penalties to be imposed.

Signed:_____

Date:	