


**ATTACHMENT 4  
RESPONDENT FORM**

	<h2 style="margin: 0;">RESPONDENT FORM</h2>	
<b>Event / Competition:</b>		
<b>Venue of incident:</b>		
<b>Exact location of incident:</b>		
<b>Date of incident:</b>		
<b>Time of incident:</b>		
<b>Respondent Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
<b>Respondent Address:</b>		
<b>Respondent Phone:</b>	<b>Home:</b>	<b>Mobile:</b>
<b>Respondent Email:</b>		
<b>Role / Status in netball:</b>	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<b>Witness #1 Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
<b>Role / Status in netball:</b>	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____
<b>Witness #2 Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
<b>Role / Status in netball:</b>	<input type="checkbox"/> Athlete or Player <input type="checkbox"/> Coach or Assistant Coach <input type="checkbox"/> Official <input type="checkbox"/> Administrator (volunteer) <input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Support Personnel <input type="checkbox"/> Team Manager <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Other _____

**Please provide a detailed description of alleged incident:**

*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:** \_\_\_\_\_