



Confidential Record of Child Abuse Allegation

Before completing, ensure the procedures outlined in Annex C4 have been followed and advice has been sought from the relevant State government agency and/or Police.

Complainant's Name: (if other than the child)	<small>(In BLOCK letters)</small>	Date Formal Complaint Received:
Club: (through which affiliation is paid)		Role/status:
MAAA Number:	Aus	
Complainant's Address:		
Complainant's Phone:		Email:
Child's name:		Age:
Child's Parents/Guardians:		
Child's address:		
Child's home phone:		
Person's reason for suspecting abuse: (e.g. observation, injury, disclosure)		
Name of person complained about:		
Role/status:		
Witnesses: (if more than 3 witnesses, attach details to this form)	Name (1): Contact details: Name (2): Contact details: Name (3): Contact details:	
Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)		

Police contacted:	Who: When: Advice provided:
Government agency contacted:	Who: When: Advice provided:
MPIO contacted::	Who: When: Advice provided:
Police and/or government agency investigation:	Finding:
Internal investigation: (if any)	Finding:
Action taken:	
Report completed by:	Name: Position: Signature: Date: / /
Signed by:	Complainant (if not a child)