



Volleyball WA Complaints Form

Submit a complaint to Volleyball WA. Please provide accurate details and any supporting information.

Respondent Information

First Name *

Last Name *

Email *

example@example.com

Phone Number

Please enter a valid phone number.

Are you over 18? *

Yes

No

What is your role?

- Player
- Parent/Guardian
- Coach
- Official
- Volunteer
- Club Representative
- Other

Complaint Details

Which Policy has been breached? *

- VWA Codes of Conduct
- Member Protection Policy
- Safeguarding Children and Young People Policy
- Improper Use of Drugs and Medicine Policy
- Social Media Policy
- Competition Manipulation and Sport Gambling Policy
- Other

What section of the Policy has been breached? *

Date of incident *

Month Day Year

Details and/or description of the person you are complaining about

Include Full Name (if known), Position and any other relevant information that will assist in identifying the person.

What happened? *

Are there any witnesses to this incident?

Yes

No

If Yes, who were they?

Provide name and contact details.

What Outcome are you seeking? *

If appropriate, would you consent to mediation with the Respondent? *

Yes

No

Declaration

I agree that the information provided in this form is true and correct. *

I agree

I accept that the information provided may be used and disclosed for the purposes outlined in the Volleyball WA Privacy Policy. If your report includes information about potential imminent harm, an ongoing risk of harm or information about criminality, we may provide your details or information from your report to relevant law enforcement or other relevant parties. *

I accept

If you have any evidence please attach it along with this form in your email.