

**ROMA PONY CLUB INC**  
**MEMBER PROTECTION POLICY**  
**CONFIDENTIAL RECORD OF INFORMAL COMPLAINT**

Member Protection Information Officer Name:		Date: / /	
Complaint Detail:	Name:		Under 17      Over
Role/Status in ROMA PONY CLUB INC of complainant (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Location/Event of alleged issue			
Facts as stated by complainant			
Nature of complaint (Can tick more than one)	Harassment Sexual/Sexist Sexuality Race Religion Pregnancy Disability Child Abuse	Discrimination Selection Dispute Personality Clash Bullying Verbal Abuse Physical Abuse Victimization Other	
Feeling Expressed by complainant			
What complainant wishes to happen to fix issue?			
What information I provided?			
What are they going to do now?			

# ROMA PONY CLUB INC

## MEMBER PROTECTION POLICY

### CONFIDENTIAL RECORD OF FORMAL COMPLAINT

Member Protection Information Officer Name:		Date: / /	
Complaint Detail:	Name:		Under 17      Over
Role/Status in ROMA PONY CLUB INC of complaint (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Role/Status in ROMA PONY CLUB INC of alleged offender (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Location of alleged issue			
Description of alleged issue			
Nature of complaint (Can tick more than one)	Harassment Sexual/Sexist Sexuality Race Religion Pregnancy Disability Child Abuse	Discrimination Selection Dispute Personality Clash Bullying Verbal Abuse Physical Abuse Victimisation Other	
Method (if any) of attempted resolution			
Support person (if any)			
Formal resolution procedures followed (outline)			
If investigated - finding			
If went to hearing tribunal		<u>Decision</u>	
		<u>Action recommended</u>	

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If mediated:	<u>Date of mediation</u>  <u>Were both parties present</u>  <u>Terms of Agreement</u>  <u>Any other action taken</u>
If went to appeals tribunal:	<u>Decision</u>  <u>Action recommended</u>
Resolution: (Tick)	Less than 3 months to resolve Between 3-8 months to resolve More than 8 months to resolve
Completed by:	<u>Name</u>  <u>Position</u>  <u>Signature</u> <span style="float: right;"><u>Date</u> / /</span>
Signed by:	<u>Complainant</u>  <u>Respondent</u>

This record and any notes must be kept in a confidential place. If the complaint is of a serious nature, or is escalated to and/or dealt with at the national level, the original must be forwarded to the national body and a copy kept at the club/state level (whatever level the complaint was made)

**ROMA PONY CLUB INC**  
**MEMBER PROTECTION POLICY**  
**CONFIDENTIAL RECORD OF CHILD ABUSE**

Member Protection Information Officer Name:		Date: / /	
Complaint Detail:	Name:		Under 17      Over
Role/Status in ROMA PONY CLUB INC of complainant (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Role/Status in ROMA PONY CLUB INC of alleged offender (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Childs name:	<u>Age</u>		
Childs address:			
Person's reason for suspecting abuse (e.g. observation, injury, disclosure)			
Name of person complained about:			
Role status in ROMA PONY CLUB INC of complainant (Tick)	Administrator Rider Coach Official	Parent Spectator Other	
Witnesses (If more than 3 witnesses attach details to this form)	1) <u>Name</u> <u>Contact details</u>  2) <u>Name</u> <u>Contact details</u>  3) <u>Name</u> <u>Contact details</u>		
Interim action (if any) taken to ensure child's safety and/or to support needs of person complained about			
Police contacted	<u>Who</u>  <u>When</u>  <u>Advice provided</u>		
Government Agency contacted	<u>Who</u>  <u>When</u>		

	<u>Advice provided</u>
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President contacted	<u>Who</u> <u>When</u>
Police and/or Government agency investigation	<u>Finding</u>
Internal investigation (if any)	<u>Finding</u>
Action taken:	
Completed by:	<u>Name</u> <u>Position</u> <u>Signature</u> <u>Date</u> / /
Signed by:	<u>Complainant</u> (if not a child)

**ROMA PONY CLUB INC**  
**MEMBER PROTECTION POLICY**  
**RECORD OF MEDIATION**

Present at mediation:	
Date of mediation:	
Venue of mediation:	
Mediator:	
Summary of mediation: (Minutes attached)	
Outcome of mediation:	
Follow-up to occur (if required)	
Completed by:	<u>Mediator Signature</u>  <u>Date</u> / /
Signed by:	<u>Complainant Signature</u>  <u>Date</u> / /  <u>Respondent Signature</u>  <u>Date</u> / /
Government Agency contacted	<u>Who</u>  <u>When</u>  <u>Advice provided</u>