



ATCA DISCRIMINATION, RACIAL AND RELIGIOUS VILIFICATION COMPLAINT FORM

Part A – About you (the complainant)

Name: Mr/Mrs/Miss/Ms:.....

Address:

..... Post code:

Contact numbers: Home: Business: Fax:

Mobile: Email:

Only fill out this box if you are complaining on behalf of someone else

Is this complaint being made with the authority of that individual/s:

Name of that person:

What is your relationship to that person?.....

Only fill out this box if someone is assisting you with the complaint – for example a solicitor

Name of representative:

Organisation:

Postal address:

Contact numbers: Home: Business: Fax:.....

Mobile: Email:

****If you need help to fill in this form please contact the ATCA Executive Officer on 8212-4447**

Part B – Your complaint

Who are you complaining about? (The accused)

1. Club:

Player or Officials Name:

2. Club:

Player or Officials Name:

**If you are complaining about more than two people or organisations,
please provide this additional information on an extra page.**

Why are you complaining to the Adelaide Turf Cricket Association?

I am complaining because I believe:

I have been discriminated against because of my **race**;

(incl descent, national / ethnic origin, colour, immigrant status, racial hatred);

I have been discriminated against because I have a **disability**

(incl physical, intellectual, psychiatric, learning, work related, medical condition, disease such as cancer or HIV);

I have been discriminated against because of my **sex**

(incl pregnancy, marital status, family responsibilities);

I have been **sexually harassed**;

I have been treated unfairly for another reason. Please state the reason:

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When did this happen? (Day/Month/Year)

What happened?

Describe the events that you want to complain about. We need to know what you say happened, where it happened and the name/s of the persons who did it.

Please give us all the dates and other details that you can remember, in particular the names and contact details of any eyewitnesses and or who were involved or who overheard the incident/s.

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Signature: **Date:**

Part C – Further information

Supporting evidence

Please attach copies of any other documents that may help us investigate your complaint.

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How has this affected you?

Please tell us how or what you are complaining about has affected you?

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What outcome are you seeking?

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Have you made a complaint about this to another agency?

(For example a state anti-discrimination or equal opportunity agency.)

If so, you must provide details of the complaint, the agency it was made to and any outcome. You should also attach copies of any letters you have received from the agency.

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Have you tried to resolve your complaint in any other way?

(For example through an internal complaint process.)

If so, please give details:

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Remember

- To sign and date page 3 of this document; and
- Attach copies of any relevant documents.

Send your completed form to:
Executive Officer
Adelaide Turf Cricket Association
Adelaide Oval
North Adelaide SA 5006