

SUPPORT NETWORKS

Please contact your local law enforcement agency or dial '000' if there is an immediate threat to an individual's safety.

For matters relating to a child being at risk of harm, you may also wish to report your concerns to your local child protection agency. We cannot assist in emergency situations.

If you need mental health or wellbeing support, you can contact a support service provider:

- Lifeline 13 11 14 | lifeline.org.au
- Beyond Blue 1300 22 4636 | beyondblue.org.au
- Black Dog Institute (02) 9382 4530 | blackdoginstitute.org.au
- Headspace | headspace.org.au
- Wellmob Online Counselling | wellmob.org.au
- Yarning Safe N Strong | vahs.org.au/yarning-safenstrong

You may also be eligible to receive support from the Australian Institute of Sport (AIS) [Mental Health Referral Network](#)

HOW COMPLAINTS ARE MANAGED

The Complaints Process is a formal process in which American Football Australia (AFA) handles specific alleged breaches of the National Integrity Framework. This process involves evaluating a matter to determine if it is within American Football's scope to progress further. The process could then include conducting education sessions or running an investigation which may result in a sanction on a person if they are found to have breached a Relevant Policy.

To be eligible to submit a Complaint:

- The sport must have adopted the National Integrity Framework.
- The alleged Prohibited Conduct must have occurred after AFA's adoption of the National Integrity Framework.
- The person accused of the wrongdoing must be bound by AFA's policies.
- You must be willing to provide your contact details. Complaints cannot be submitted anonymously.
- You must be the alleged affected party (or a parent/carer of the alleged Affected Party). If you are not the affected party or a parent/guardian of the Affected Party, you are still eligible to submit a Report.

Please note, the National Integrity Framework does not override a law of the Commonwealth, state or territory, which take precedence and must be complied with in the first instance.

Before you submit a Complaint or Report, you may wish to consider if there are other avenues available to you, such as through the Australian Human Rights Commission. Please see Sport Integrity Australia's [website resources](#) for more information about other Complaint pathways.

If you are unsure if your concerns can be managed by American Football, you can submit a Report and we will provide advice to you on appropriate options.

Please submit this form and any relevant attachments to integrity@americanfootball.org.au

SECTION 1 – RELEVANT SPORT

Relevant Sport	
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SECTION 2 – SUBMITTER DEMOGRAPHIC INFORMATION:

Question	Answer		
Full Name			
Date of Birth	____/____/_____		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/gender diverse <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify): _____		
Preferred Contact Number			
Email Address			
City/State/Country	City: _____ State: _____ Country: _____		
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer Not To Say
Do you identify as a person with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer Not To Say
Is English your first language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer Not To Say
Assistance	<i>Please advise whether they any assistance is required during the process (i.e., an interpreter)</i>		
Years involved in the relevant Sport	Start:	End:	
Role or Position in Sport	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official/Referee/Umpire		<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify): _____
Is your position in Sport a volunteer position or paid employment?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid employee <input type="checkbox"/> Other (please describe): _____		
If you are employed by the Sport, please describe your position.			

SECTION 3 – WHO THE CONDUCT OCCURRED TO

Note: If there are more than one Affected Parties, you may need to explain or allow for duplication of this section for each Affected Party.

Question	Answer	
Are you submitting a report on behalf of someone else? <i>Note: If "No" is selected, i.e., you are reporting about yourself as the Affected Party, go to Section 4 – Respondent Details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the alleged Prohibited Conduct happen to you (or the person you are submitting the form on behalf of, if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Person affected by the Alleged Conduct		
Is this person aware this matter is being Reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gotten written consent from the person to act on their behalf? <i>If you are not the legal guardian of this person, please attach written consent from the person that you are acting on behalf of.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Relationship to this Person		
Their Date of Birth	____ / ____ / ____	
Their Email Address		
Their Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/gender diverse <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify): _____	
Assistance	<i>Please advise whether they any assistance is required during the process (i.e. an interpreter)</i>	
Their Role or Position in Sport	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify) _____
Is their position in Sport a volunteer position or paid employment?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid employee <input type="checkbox"/> Unsure <input type="checkbox"/> Other (please describe) _____	

If they are employed by the Sport, please describe their position.		
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Additional affected parties 1 (delete if not required)

Question	Answer	
Are you submitting a report on behalf of someone else? <i>Note: If "No" is selected, i.e., you are reporting about yourself as the Affected Party, go to Section 4 – Respondent Details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the alleged Prohibited Conduct happen to you (or the person you are submitting the form on behalf of, if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Person affected by the Alleged Conduct		
Is this person aware this matter is being Reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gotten written consent from the person to act on their behalf? <i>If you are not the legal guardian of this person, please attach written consent from the person that you are acting on behalf of.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Relationship to this Person		
Their Date of Birth	____/____/____	
Their Email Address		
Their Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/gender diverse <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify): _____	
Assistance	<i>Please advise whether they any assistance is required during the process (i.e. an interpreter)</i>	
Their Role or Position in Sport	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify) _____
Is their position in Sport a volunteer position or paid employment?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid employee <input type="checkbox"/> Unsure	

	<input type="checkbox"/> Other (please describe)
If they are employed by the Sport, please describe their position.	

Additional affected parties 2 (delete if not required)

Question	Answer	
Are you submitting a report on behalf of someone else? <i>Note: If "No" is selected, i.e., you are reporting about yourself as the Affected Party, go to Section 4 – Respondent Details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the alleged Prohibited Conduct happen to you (or the person you are submitting the form on behalf of, if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Person affected by the Alleged Conduct		
Is this person aware this matter is being Reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gotten written consent from the person to act on their behalf? <i>If you are not the legal guardian of this person, please attach written consent from the person that you are acting on behalf of.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Relationship to this Person		
Their Date of Birth	____ / ____ / ____	
Their Email Address		
Their Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/gender diverse <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify): _____	
Assistance	<i>Please advise whether they any assistance is required during the process (i.e. an interpreter)</i>	
Their Role or Position in Sport	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid)

	<input type="checkbox"/> Official	<input type="checkbox"/> Other (Please Specify)
Is their position in Sport a volunteer position or paid employment?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid employee <input type="checkbox"/> Unsure <input type="checkbox"/> Other (please describe)	
If they are employed by the Sport, please describe their position.		

Additional affected parties 3 (delete if not required)

Question	Answer	
Are you submitting a report on behalf of someone else? <i>Note: If "No" is selected, i.e., you are reporting about yourself as the Affected Party, go to Section 4 – Respondent Details</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the alleged Prohibited Conduct happen to you (or the person you are submitting the form on behalf of, if applicable)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Person affected by the Alleged Conduct		
Is this person aware this matter is being Reported?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you gotten written consent from the person to act on their behalf? <i>If you are not the legal guardian of this person, please attach written consent from the person that you are acting on behalf of.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Relationship to this Person		
Their Date of Birth	____/____/____	
Their Email Address		
Their Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/gender diverse <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify):	
Assistance	<i>Please advise whether they any assistance is required during the process (i.e. an interpreter)</i>	

Their Role or Position in Sport	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Is their position in Sport a volunteer position or paid employment?	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid employee <input type="checkbox"/> Unsure <input type="checkbox"/> Other (please describe)	
If they are employed by the Sport, please describe their position.		

SECTION 4 – RESPONDENT DETAILS

Question	Answer	
Name of person or organisation <i>Note: a Respondent may be a person, a club, an organisation or an NSO</i>		
Respondent's Role or Position	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Person affected by conduct's Relationship to this Person		

Additional Respondent details 1 (Delete if not required)

Question	Answer	
Name of person or organisation <i>Note: a Respondent may be a person, a club, an organisation or an NSO</i>		
Respondent's Role or Position	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Person affected by conduct's Relationship to this Person		

Additional Respondent details 2 (Delete if not required)

Question	Answer	
Name of person or organisation <i>Note: a Respondent may be a person, a club, an organisation or an NSO</i>		

Respondent's Role or Position	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Person affected by conduct's Relationship to this Person		

Additional Respondent details 3 (Delete if not required)

Question	Answer	
Name of person or organisation <i>Note: a Respondent may be a person, a club, an organisation or an NSO</i>		
Respondent's Role or Position	<input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel Official	<input type="checkbox"/> Board/Committee member <input type="checkbox"/> Athlete/player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (paid) <input type="checkbox"/> Other (Please Specify)
Person affected by conduct's Relationship to this Person		

SECTION 5 – INCIDENT DETAILS

Note: If there is more than one type of alleged Prohibited Conduct, please duplicate section 5 for each type of alleged Prohibited Conduct. If you are only reporting one type of alleged Prohibited Conduct, please delete the unneeded section 5 duplicates.

Question	Answer
Relevant Policy	<input type="checkbox"/> Member Protection Policy <input type="checkbox"/> Safeguarding and Young People Policy <input type="checkbox"/> Competition Manipulation and Sport Gambling Policy <input type="checkbox"/> Improper Use of Drugs and Medicine Policy <input type="checkbox"/> Unsure of Exact Policy <input type="checkbox"/> Other (please specify): _____
Alleged Prohibited Conduct by the Respondent <i>Note: If possible, review the relevant Policy to determine which Prohibited Conduct you think is the most applicable to this matter. If you are unsure, answer "unsure".</i>	
Date/s of Alleged Prohibited Conduct	
Location/address of Alleged Prohibited Conduct	
Description of Alleged Prohibited Conduct <i>Note: Please provide as much information as possible, including</i>	

<p><i>details about who was involved, what happened and/or how you found out about the alleged Prohibited Conduct if it did not happen to you. If you have included the details of more than one person the Prohibited Conduct happened to above, you should reiterate the names of each Respondent when you explain how each person was involved and what happened to each person.</i></p> <p><i>Attach any relevant supporting documents or images when submitting this to the Sport.</i></p>	
Were there any witnesses to the Alleged Prohibited Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide contact details of Witness/es	<p><u>Witness 1</u> Name: Phone: Email: <u>Witness 2</u> Name: Phone: Email:</p>

Additional incident 1 (delete if not required)

Question	Answer
Relevant Policy	<input type="checkbox"/> Member Protection Policy <input type="checkbox"/> Safeguarding and Young People Policy <input type="checkbox"/> Competition Manipulation and Sport Gambling Policy <input type="checkbox"/> Improper Use of Drugs and Medicine Policy <input type="checkbox"/> Unsure of Exact Policy <input type="checkbox"/> Other (please specify): _____
Alleged Prohibited Conduct by the Respondent <i>Note: If possible, review the relevant Policy to determine which Prohibited Conduct you think is the most applicable to this matter. If you are unsure, answer "unsure".</i>	
Date/s of Alleged Prohibited Conduct	
Location/address of Alleged Prohibited Conduct	
Description of Alleged Prohibited Conduct <i>Note: Please provide as much information as possible, including</i>	



<p><i>details about who was involved, what happened and/or how you found out about the alleged Prohibited Conduct if it did not happen to you. If you have included the details of more than one person the Prohibited Conduct happened to above, you should reiterate the names of each Respondent when you explain how each person was involved and what happened to each person.</i></p> <p><i>Attach any relevant supporting documents or images when submitting this to the Sport.</i></p>		
Were there any witnesses to the Alleged Prohibited Conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide contact details of Witness/es	<p><u>Witness 1</u> Name: Phone: Email: <u>Witness 2</u> Name: Phone: Email:</p>	

Additional incident 2 (delete if not required)

Question	Answer
Relevant Policy	<input type="checkbox"/> Member Protection Policy <input type="checkbox"/> Safeguarding Children and Young People Policy <input type="checkbox"/> Competition Manipulation and Sport Gambling Policy <input type="checkbox"/> Improper Use of Drugs and Medicine Policy <input type="checkbox"/> Unsure of Exact Policy <input type="checkbox"/> Other (please specify):
Alleged Prohibited Conduct by the Respondent <i>Note: If possible, review the relevant Policy to determine which Prohibited Conduct you think is the most applicable to this matter. If you are unsure, answer "unsure".</i>	
Date/s of Alleged Prohibited Conduct	
Location/address of Alleged Prohibited Conduct	
Description of Alleged Prohibited Conduct <i>Note: Please provide as much information as possible, including</i>	

<p><i>details about who was involved, what happened and/or how you found out about the alleged Prohibited Conduct if it did not happen to you. If you have included the details of more than one person the Prohibited Conduct happened to above, you should reiterate the names of each Respondent when you explain how each person was involved and what happened to each person.</i></p> <p><i>Attach any relevant supporting documents or images when submitting this to the Sport.</i></p>	
Were there any witnesses to the Alleged Prohibited Conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide contact details of Witness/es	<p><u>Witness 1</u> Name: Phone: Email: <u>Witness 2</u> Name: Phone: Email:</p>

Additional incident 3 (delete if not required)

Question	Answer
Relevant Policy	<input type="checkbox"/> Member Protection Policy <input type="checkbox"/> Safeguarding Children and Young People Policy <input type="checkbox"/> Competition Manipulation and Sport Gambling Policy <input type="checkbox"/> Improper Use of Drugs and Medicine Policy <input type="checkbox"/> Unsure of Exact Policy <input type="checkbox"/> Other (please specify):
Alleged Prohibited Conduct by the Respondent <i>Note: If possible, review the relevant Policy to determine which Prohibited Conduct you think is the most applicable to this matter. If you are unsure, answer "unsure".</i>	
Date/s of Alleged Prohibited Conduct	
Location/address of Alleged Prohibited Conduct	
Description of Alleged Prohibited Conduct <i>Note: Please provide as much information as possible, including</i>	



<p><i>details about who was involved, what happened and/or how you found out about the alleged Prohibited Conduct if it did not happen to you. If you have included the details of more than one person the Prohibited Conduct happened to above, should reiterate the names of each Respondent when you explain how each person was involved and what happened to each person.</i></p> <p><i>Attach any relevant supporting documents or images when submitting this to the Sport.</i></p>		
Were there any witnesses to the Alleged Prohibited Conduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide contact details of Witness/es	<p><u>Witness 1</u> Name: Phone: Email: <u>Witness 2</u> Name: Phone: Email:</p>	

SECTION 6 – REPORTING

Question	Answer	
Have you reported the alleged conduct to another organisation, body or agency? <i>Note: For example, to a sporting body at any level including a National Sporting Organisation, State Sporting Organisation or Club, a law enforcement agency, or an anti-discrimination or equal opportunity agency?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide contact details of the organisation, body, or agency, as well as any actions taken and outcomes of the report		
Signed by Submitter of form	Signature: Date:	