


**ATTACHMENT 4**  
**RESPONDENT FORM**

	RESPONDENT FORM	
Event / Competition:		
Venue of incident:		
Exact location of incident:		
Date of incident:		
Time of incident:		
Respondent Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Respondent Address:		
Respondent Phone:	Home:	Mobile:
Respondent Email:		
Role / Status in netball:	<div> <input type="checkbox"/> Athlete or Player  <input type="checkbox"/> Coach or Assistant Coach  <input type="checkbox"/> Official  <input type="checkbox"/> Administrator (volunteer)  <input type="checkbox"/> Employee (paid)           </div> <div> <input type="checkbox"/> Support Personnel  <input type="checkbox"/> Team Manager  <input type="checkbox"/> Parent  <input type="checkbox"/> Spectator  <input type="checkbox"/> Other _____           </div>	
Witness #1 Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Role / Status in netball:	<div> <input type="checkbox"/> Athlete or Player  <input type="checkbox"/> Coach or Assistant Coach  <input type="checkbox"/> Official  <input type="checkbox"/> Administrator (volunteer)  <input type="checkbox"/> Employee (paid)           </div> <div> <input type="checkbox"/> Support Personnel  <input type="checkbox"/> Team Manager  <input type="checkbox"/> Parent  <input type="checkbox"/> Spectator  <input type="checkbox"/> Other _____           </div>	
Witness #2 Name:	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18	
Role / Status in netball:	<div> <input type="checkbox"/> Athlete or Player  <input type="checkbox"/> Coach or Assistant Coach  <input type="checkbox"/> Official  <input type="checkbox"/> Administrator (volunteer)  <input type="checkbox"/> Employee (paid)           </div> <div> <input type="checkbox"/> Support Personnel  <input type="checkbox"/> Team Manager  <input type="checkbox"/> Parent  <input type="checkbox"/> Spectator  <input type="checkbox"/> Other _____           </div>	

<b>Please provide a detailed description of alleged incident:</b>	
<b>Outline any action taken at the time of the incident :</b>	

*Please return the Respondent Form to the [Insert Organising Body]'s Hearing Officer ASAP.*

*Parties involved will be notified in due course if any further action or information is required or of any decisions or penalties to be imposed.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_