


**ATTACHMENT 4  
RESPONDENT FORM**

	<b>RESPONDENT FORM</b>											
<b>Event / Competition:</b>												
<b>Venue of incident:</b>												
<b>Exact location of incident:</b>												
<b>Date of incident:</b>												
<b>Time of incident:</b>												
<b>Respondent Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18											
<b>Respondent Address:</b>												
<b>Respondent Phone:</b>	<b>Home:</b>	<b>Mobile:</b>										
<b>Respondent Email:</b>												
<b>Role / Status in netball:</b>	<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Athlete or Player</td> <td><input type="checkbox"/> Support Personnel</td> </tr> <tr> <td><input type="checkbox"/> Coach or Assistant Coach</td> <td><input type="checkbox"/> Team Manager</td> </tr> <tr> <td><input type="checkbox"/> Official</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Administrator (volunteer)</td> <td><input type="checkbox"/> Spectator</td> </tr> <tr> <td><input type="checkbox"/> Employee (paid)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Athlete or Player	<input type="checkbox"/> Support Personnel	<input type="checkbox"/> Coach or Assistant Coach	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Official	<input type="checkbox"/> Parent	<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Spectator	<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Administrator (volunteer)	<input type="checkbox"/> Spectator											
<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other _____											
<b>Witness #1 Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18											
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<b>Witness #2 Name:</b>	<input type="checkbox"/> Under 18 <input type="checkbox"/> Over 18											
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<input type="checkbox"/> Employee (paid)	<input type="checkbox"/> Other _____											

<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:** \_\_\_\_\_