

CODE OF CONDUCT BREACH FORM

| COMPLAINTANT DETAILS: |
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| FULL NAME: |
| PHONE NUMBER: |
| EMAIL ADDRESS: |
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| THIS FORM SHOULD BE COMPLETED, DATED AND SIGNED BY THE PERSON MAKING A COMPLAINT OF AN |
| ALLEGED BREACH OF THE CODE OF CONDUCT. THE COMPLAINT IS TO BE SPECIFIC ABOUT THE ALLEGED |
| BREACH AND INCLUDE THE RELEVANT EVIDENCE OF THE ALLEGED BREACH. |
| NAME OF THE PERSON ALLEGED TO HAVE COMMITTED A BEHAVIOUR BREACH: |
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| TIME / DATE OF THE BREACH: |
| LOCATION OF THE BREACH: |
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| PLEASE TICK WHICH CODE OF CONDUCT STATEMENTS YOU OBSERVED BEING BREACHED: |
| Violence, abusive or bullying behaviour towards another person |
| Unlawful discrimination against another person based on their age, gender or sexual orientation |
| Harassment or vilification of any kind towards another person |
| Unlawful discrimination against another person based on their race, culture, religion or any other |
| personal characteristic |
| Sexual harassment or intimidation of another person |
| Victimisation of another person for exercising their rights through the Code of Conduct |
| Inappropriate behaviour including the use of offensive language and gestures that are demeaning or |
| offensive to others |
| Failure to maintain a safe environment |
| Behaviour that shows disregard for the rules of golf, golf etiquette or the traditions of the game |
| Failure to respect the Club's facilities |
| DI FACE DROVIDE ALL DELEVANT INFORMATION DECARDING THE DREACH YOU ORGEDVED |
| PLEASE PROVIDE ALL RELEVANT INFORMATION REGARDING THE BREACH YOU OBSERVED. |
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| PLEASE ATTACH ANY RELEVANT EVIDENCE YOU WOULD LIKE ADMITTED FOR INVESTIGATION. |
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| TO SUBMIT THIS BREACH – ATTACH THIS FORM ALONG WITH ANY ATTACHMENTS OF EVIDENCE AND |
| EMAIL TO MANAGER@BALLARATGOLFCLUB.COM.AU, OR, DELIVER TO THE OFFICE ADDRESSING TO THE |
| GENERAL MANAGER. |
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| COMPLAINTANT SIGNATURE: |
| |
| DATE: |