



# Motorcycling Queensland Complaint form

Motorcycling Queensland is committed to providing an avenue for genuine complaints to be heard. Please note completing this form will not override an official's decision on the day, the [MOMS](#) provide competitors and teams with an avenue to hear any grievance a person may have.

## Section 1: Your Details as the complainant

Do you want to remain anonymous? If you choose to remain anonymous, MQ may be unable to deliver the full range of services you require		Yes		No	
First Name			MA Licence Number (if applicable)		
Last Name					
Under / Over 18ys (please select one)	Under 18yrs		Over 18yrs		
Phone					
Email					
Complainants Role/Status	<input type="checkbox"/>	Club Committee / Administrator	<input type="checkbox"/>	Spectator	
	<input type="checkbox"/>	Rider	<input type="checkbox"/>	Volunteer	
	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Support Personnel	
	<input type="checkbox"/>	Official	<input type="checkbox"/>	Parent	
	<input type="checkbox"/>	Other _____			

## Section 2: Details of person complained about (respondent)

First Name			MA Licence Number (if applicable)		
Last Name					
Under / Over 18ys (please select one)	Under 18yrs		Over 18yrs		
Respondent Role/Status	<input type="checkbox"/>	Club Committee / Administrator	<input type="checkbox"/>	Spectator	
	<input type="checkbox"/>	Rider	<input type="checkbox"/>	Volunteer	
	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Support Personnel	
	<input type="checkbox"/>	Official	<input type="checkbox"/>	Parent	
	<input type="checkbox"/>	Other _____			
Location of alleged issue					
Description of alleged issue					

**The complaint relates to which of the below options?**

Social Media Policy     MOMS     MQ Constitution     Member Protection Policy

<b>Nature of Complaint (Category / basis /grounds)</b>  <b>Tick 1 or more boxes</b>	<input type="checkbox"/> <b>Bullying</b>	<input type="checkbox"/> <b>Discrimination</b>
	<input type="checkbox"/> <b>Harrasment</b>	<input type="checkbox"/> <b>Victimisation</b>
	<input type="checkbox"/> <b>Race/Religion</b>	<input type="checkbox"/> <b>Disability</b>
	<input type="checkbox"/> <b>Physical Abuse/Assault</b>	<input type="checkbox"/> <b>Child Abuse</b>
	<input type="checkbox"/> <b>Verbal Abuse/Assault</b>	<input type="checkbox"/> <b>Other</b> _____

**Section 3: What action have you already taken in relation to this incident?**

**Section 4: What outcomes would you like as a result of making this complaint?**

**Section 5: Declaration**

I DECLARE THIS INFORMATION PROVIDED TO BE TRUE AND CORRECT

Signature		Date	
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Motorcycling Queensland is committed to protecting your privacy. We collect and handle personal information that you provide on this feedback form for the purpose of investigating and responding.

Motorcycling Queensland will only use your information in accordance with relevant privacy and other laws. In order for us to provide services to you effectively and efficiently, we may need to share your personal information during the process of investigating the matters identified in your complaint.