

GRIEVANCE FORM

Prescribed Form 1, By-Law 9

| COMPLAINANT DETAILS | | |
|--|--------------------------------------|--|
| Full name: | | |
| FFA number: | | |
| Contact details: | | |
| Postal address | | |
| Email address | | |
| Best contact number | | |
| | | |
| RESPONDENT DETAILS | | |
| Full name: | | |
| FFA number: | | |
| Contact details: | | |
| Postal address | | |
| Email address | | |
| Best contact number | | |
| If there are further parties who ar | e Respondents, please provide the | ir name and contact details (postal |
| address, email address and best cor | tact number) below: | |
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| AFFECTED PARTY DETAILS | | |
| Your Grievance may have conseque | nces for another party. Football Qเ | ueensland is concerned to ensure the |
| Affected Party (including Football Qu | ueensland) is aware of your Grievanc | e and is provided with an opportunity |
| to be heard. | | |
| Is there another party potentially affected by your Grievance? | | |
| If there are other parties potentially | affected, please provide their name | e and contact details (postal address, |
| email address and best contact num | ber) below: | |

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| REPRESENTATION | | | | |
|--|---|--|--|--|
| Do you wish to be represented by a support person of the Club? | ☐ Yes ☐ No | | | |
| Do you wish to be represented by a lawyer? | ☐ Yes ☐ No | | | |
| If you wish to be represented by a support person and/or lawyer, please provide their name and contact | | | | |
| details (postal address, email address and best contact number) below: | | | | |
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| JURISDICTION | | | | |
| Not all matters will fall under the General Tribunal's jurisdiction. For example, an appeal of an Association | | | | |
| Disciplinary Committee decision in relation to a Player's match suspension is to be heard by the Appeals | | | | |
| Tribunal. Please refer to section 5 of By-Law 9 for further details. | | | | |
| Does the General Tribunal have jurisdiction to hear this matter? | ☐ Yes ☐ No | | | |
| | | | | |
| PRE-LODGMENT STEPS | | | | |
| Before lodging this Grievance, you must provide a written notice to the R | espondent providing sufficient details | | | |
| of the Grievance and allowing at least seven (7) working days for a rep | ly. This is to provide the parties with | | | |
| an opportunity of resolving this matter directly prior to the General Tribunal's intervention. Please refer to | | | | |
| section 7 of By-Law 9 for further details. | | | | |
| Have you provided a written notice to the Respondent and allowed at | ☐ Yes ☐ No | | | |
| least seven (7) working days for a reply? | | | | |
| | <u> </u> | | | |
| DATE THAT THE GRIEVANCE AROSE | | | | |
| Grievance Date: | | | | |

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| If you wish to, provide a chronology / timeline of events below: | | |
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| SUMMARY OF THE GRIEVANCE | | |
| Please provide a brief summary of the relevant facts and legal arguments, including by reference to an | | |
| applicable Rules and Regulations of FFA, Football Queensland and/or Zone / Competition Administrator | | |
| Competition Management Centre. | | |
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| RELIEF SOUGHT | | |

Please describe the relief that you are seeking from the General Tribunal.



| SUPPORTING DOCUMENTS | | | | |
|--|---|---------|--|--|
| SUPPORTING DOCUMENTS Pursuant to subsection 7.4 of By-Law 9, you must provide copies of the Complainant's written notice, the | | | | |
| | | • | | |
| Respondent's written reply (if any), this subject Grievance Form, any supporting evidence and payment of the | | | | |
| Application Fee (following section). | | | | |
| Have you provided all supporting documents for the General Tribunal Yes No | | | | |
| to consider the Grievance? | | | | |
| PAYMENT OF APPLICATION FEE | | | | |
| An Application Fee must be paid at the time of lodging this Grievance. Payment can be made via the details | | | | |
| provided below. | | | | |
| Payment options | Please pay by EFT to the following | account | | |
| | Bank: NAB | | | |
| | Account Name: Football Queensland | | | |
| | Account BSB: 084917 | | | |
| | Account Number: 172755418 | | | |
| | Please use your Club Name as a reference and attach a copy of the | | | |
| | payment receipt when lodging thi | s form. | | |
| | | | | |
| SIGNATURE | | | | |
| I certify that the information provid | led above is true and correct. | | | |
| Signature: | | | | |
| Description of signatory: | | | | |
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Notes



- 1. This Grievance Form (and relevant supporting documents) must be submitted within fourteen (14) working days after issue of your written notice to the Respondent as per subsection 7.1 of By-Law 9.
- 2. You should read and consider sections 5, 7, 9, 10 and 15 of By-Law 9 prior to signing and lodging this Grievance Form to Football Queensland.
- 3. Pursuant to section 9 of By-Law 9, your Grievance will be dealt with by mediation in the first instance, unless
 - a. Football Queensland believes that the Grievance should be referred directly to the Grievance Tribunal.
- 4. If Football Queensland does not receive a properly completed Form (and relevant supporting documents) by the time specified in paragraph 1, along with the \$750 Application Fee, you waive your right to have your Grievance heard by Football Queensland.
- 5. Capitalised words used in this Grievance Form are defined in By-Law 9.

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