

# Pony Club Association of Queensland Inc.



Pony Club House  
Unit 11, 913-915 Ann Street  
PO Box 2378  
Fortitude Valley BC 4006

Phone: (07) 3216 1255  
Fax: (07) 3216 0255  
email: [admin@pcaq.asn.au](mailto:admin@pcaq.asn.au)  
[www.pcaq.asn.au](http://www.pcaq.asn.au)

ABN: 49 040 247 044

## CONFIDENTIAL RECORD OF CHILD ABUSE ALLEGATION

Before completing, ensure the procedures outlined in attachment C4 have been followed and advice has been sought from the relevant government agency and/or police.

Complainant's Name (if other than the child)

Date Formal Complaint Received: / /

Role/status in sport

- . Administrator (volunteer)
- . Parent
- . Athlete/player
- . Spectator
- . Coach/Assistant Coach
- . Support Personnel
- . Employee (paid)
- . Other
- . Official .....

Child's name

Age:

Child's address

Person's reason for suspecting abuse (e.g. observation, injury, disclosure)

Name of person complained about

Role/status in sport

- . Administrator (volunteer)
- . Parent
- . Athlete/player
- . Spectator
- . Coach/Assistant Coach
- . Support Personnel
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- . Other
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Witnesses

(if more than 3 witnesses, attach details to this form)

Name (1):

Contact details:

Name (2):

Contact details:

Name (3):

Contact details:

Interim action (if any) taken (to ensure child's safety and/or to support needs of person complained about)

Police contacted

Who:

When:

Advice provided:

Government agency contacted

Who:

When:

Advice provided:

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President contacted

Who:

When:

Police and/or government agency investigation

Finding:

Internal investigation (if any)

Finding:

Action taken

Completed by

Name:

Position:

Signature: / /

Signed by

Complainant (if not a child)

This record and any notes must be kept in a confidential place and provided to the relevant authorities (police and government) should they require them.