# Code of Conduct and Discrimination Report Form

Please complete the following form with as much detail as possible and return to the BWB Governance and Integrity Manager at membership@britishwheelchairbasketball.co.uk.

To investigate the complaint information may need to be shared but the matter will be dealt with in confidence as far as possible.

| **Person Raising the Complaint** | | | | | |
|---|---|---|---|---|---|
| First Name | | Surname | | Role | |
| E.Mail | | Phone | | | |

| **Person Subject of the Complaint** | | | |
|---|---|---|---|
| First Name | | Surname | |
| E.Mail (if known) | | Role | |

| **Date, Time and Location of the Incident** | | | |
|---|---|---|---|
| Date | | Time | |
| Location | | | |

| **Nature of Concern?** | | | | | |
|---|---|---|---|---|---|
| Code of Conduct | | Discrimination | | Both | |

| **What was the Nature of the Discrimination (If Applicable)** | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Disability | | Race | | Gender | | Sexuality | | Religion | | Age | | Transgender | |

| **Where did the Incident Occur ?** | | | | | | | |
|---|---|---|---|---|---|---|---|
| Club Environment | | League Competition | | BWB Event | | Outside Sport | |

| **Who has Already Been Informed about the complaint?** | |
|---|---|
| | |
| | |

| **Witness Names If Any** | |
|---|---|
| | |
| | |

| **Please provide information about the incident (include a description of what happened, who was involved and a description of any physical evidence if available.)** |
| --- |
| |

Next Step: The Governance and Integrity manager will reach out to you within 5 days of receiving the complaint to discuss the incident and discuss what happens next in line with our code of conduct and disciplinary process