**ALLEGED MISCONDUCT REPORTING FORM**

You will find a copy of the current LTA Disciplinary Code here:

<https://www.lta.org.uk/about-us/what-we-do/governance-and-structure/rules-regulations/>

**Please note that all details and information provided in this form (except contact details) may be disclosed by the LTA (at its discretion) to (i) the person(s) against whom the allegation of misconduct is being made by you and (ii) others involved in the LTA’s disciplinary process including, but not limited to, in connection with (a) any investigation which the LTA may (at its discretion) consider appropriate and (b) if any charge of misconduct is brought (which is at the discretion of the LTA Disciplinary Officer), any hearing before the LTA Disciplinary Panel.**

**BY COMPLETING AND SENDING THIS FORM TO THE LTA, YOU ACKNOWLEDGE AND CONSENT TO SUCH DISCLOSURE AND USE.**

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| --- | --- |
| **Full name of person making report (“complainant”):** |  |
| **LTA membership/registration number of complainant (if applicable):** |  |
| **Contact details of complainant:** |
| **E-mail address:** |  |
| **Phone number:** |  |
|  |
| **Full name of person against whom allegation(s) of misconduct made (“respondent”):** |  |
| **LTA membership/registration number of respondent (if applicable and known):** |  |
| **Contact details of respondent:** |
| **Address (if known):** |  |
| **E-mail address (if known):** |  |
| **Phone number (if known):** |  |

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| **If different from or in addition to the complainant, full name of person against whom the alleged misconduct was directed by the respondent:** |  |
| **Contact details of that person:** |
| **E-mail address:** |  |
| **Phone number:** |  |

**BY COMPLETING AND SENDING THIS FORM TO THE LTA, YOU CONFIRM THAT YOU HAVE OBTAINED THE CONSENT OF THAT NAMED PERSON TO THE MAKING OF THIS REPORT OR, IF YOU HAVE NOT DONE SO, PLEASE EXPLAIN CLEARLY WHY NOT:**

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| --- |
| *[box will expand to fit text]* |

|  |  |
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| **Date on which alleged misconduct took place:** |  |
| **Place/venue where alleged misconduct took place:** |  |
| **Name (or code) of particular competition, tournament or event where alleged misconduct took place, if applicable:** |  |
| **Your role at the time (e.g. tournament organiser, referee, umpire, other official, parent of X, player, coach of X, etc):** |  |
| **Did you personally witness the alleged misconduct taking place?:** | YES / NO |
| **If not, how did you come to be aware of the alleged misconduct?:** |  |

**Please provide details of the alleged misconduct in as much detail as possible. Please include details of (i) what you personally saw and/or heard, (ii) approximately what distance (how far) you were were from the respondent at the time (if applicable), (iii) where exactly the alleged misconduct took place (e.g. on court 1, on the balcony of the clubhouse, etc), (iv) at approximately what time of day and (if applicable) what stage of the competition, tournament or event did the alleged misconduct take place, (v) what you did or action you took at the time (or have done or taken since), (vi) what others did or action they took at the time, and (vii) what (if anything) was reported to you by a third person(s) (and who that person(s) was):**

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| *[box will expand to fit text]* |

**Please provide details of any person who saw and/or heard the alleged misconduct (“potential witnesses”) taking place:**

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| **Full name of potential witness 1:** |  |
| **Contact details of that person:** |
| **E-mail address:** |  |
| **Phone number:** |  |
| **Their role at the time (e.g. tournament organiser, referee, umpire, other official, parent of X, player, coach of X, etc):** |  |
|  |
| **Full name of potential witness 2:** |  |
| **Contact details of that person:** |
| **E-mail address:** |  |
| **Phone number:** |  |
| **Their role at the time (e.g. tournament organiser, referee, umpire, other official, parent of X, player, coach of X, etc):** |  |
|  |  |
| **Full name of potential witness 3:** |  |
| **Contact details of that person:** |
| **E-mail address:** |  |
| **Phone number:** |  |
| **Their role at the time (e.g. tournament organiser, referee, umpire, other official, parent of X, player, coach of X, etc):** |  |

**If there are more than three potential witnesses, please provide their details at the end of this form.**

**BY COMPLETING AND SENDING THIS FORM TO THE LTA, YOU CONFIRM THAT YOU HAVE OBTAINED THE CONSENT OF EACH NAMED POTENTIAL WITNESS OR, IF YOU HAVE NOT DONE SO, PLEASE EXPLAIN CLEARLY WHY NOT:**

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| *[box will expand to fit text]* |

**Any other relevant information which you wish to bring to the attention of the LTA (including any additional potential witnesses):**

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| *[box will expand to fit text]* |

**I confirm that the information provided in this form is true and accurate to the best of my knowledge and belief.**

**Signed\*\*: ……………………………………………………………..**

**Date: ………………………………………………………………….**

**\*\* Please note that, if you do not have access to a printer and scanner, please type in your name and confirm in your covering e-mail that you have typed in your name to sign the form.**

**Please send your completed and signed form to** **misconduct@lta.org.uk****.**

**Should the LTA Disciplinary Team have any follow up questions, they will be presented below. Please provide your response(s) and send the form back to the LTA Disciplinary Team:**

|  |  |
| --- | --- |
| **Questions posed by the LTA*]*** | *[box will expand to fit text]* |