COMPLAINT FORM

for submitting complaints of misconduct

Date: _____

Complainant Name: _____

Affiliated Club: _____

County Association: _____

Contact Number: _____

Email Address: _____

Respondent Name: _____

Affiliated Club: _____

County Association: _____

Date of Misconduct: _____

Location: _____

Describe the Misconduct: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe the impact the Misconduct has had on you:

_____

_____

Where there any Witnesses?

Witness Name:

Witness Name:

Witness Name:

How best can your complaint be resolved? What would you like to happen? (We may not always be able to achieve this, but understanding your preference helps guide the process)

Please send this Complaint Form to the appropriate Complaint Assessor within 14 days of being made aware of the misconduct.