

COMPLAINTS FORM

Name:

Contact details:

Phone:

Address:

Affiliation (Club/District):

Club:

District:

Age: Under 18 18 years or over

If you are making a complaint for someone else:

Name of person complaining on behalf of:

Contact details of person complaining on behalf of:

Complainant's role/status (highlight which applies):

Participant Coach Manager

Administrator Referee

Other volunteer – provide details:

Parent Supporter Support person

Other – provide details:

Details of person complained about:

Name:

Club: District:

Age: Under 18 18 years or over

Role/status (highlight which applies):

Athlete Coach Manager

SNZ or District Administrator Referee

Other volunteer – provide details:

Parent Supporter Support person

Other – provide details:

This record and any other documentation must be kept in a confidential and safe place.

COMPLAINTS FORM

Nature of complaint (tick as many as relevant):

Club/Organisation management issue Bullying Unfair decision Sexual harassment

Physical abuse/Assault Coaching issue Racism Verbal abuse Discrimination

Other – provide details:

Date(s) of incident(s):

Location of incident:

Competition Training Other – provide details:

Description of incident/Complaint (use additional sheets if required):

Details of any witnesses:

Name:

Contact details:

Name:

Contact details:

Name:

Contact details:

Action taken so far (if any) to attempt to resolve matter, or ensure safety (Use additional sheets if required):

***If relevant: Agency contacted (including the Police):**

Who:

When:

Advice provided:

Complainant:

Name:

Signature:

Date: