Complaints Form

**A. PERSON DETAILS**

Coach or fencers/ parents– provide information

– provide term-time address, telephone no, email,

***Members of the Public*** – provide home address, telephone number & email details

|  |  |  |
| --- | --- | --- |
| Title: (e.g. Dr, Mr, Mrs etc) | Date of Birth: | Male □ Female □ |
| Family Name: | Other Names: | |
| Address: | Role: | |
| Session date: | |
| time | |
| Tel No: | |
| Email: | |
| Status: coach □ parent □ adult fencer □ Visitor □ Contractor □ Other □ (specify): | | |
| **Person completing this form?** Yes / No If No, please print your details below. | | |
| Name: | Tel No: | |
| Is English the first language of the injured person? Yes □ No □ If No, what is the first language of the injured person? | | |
|  | | |

**B. DETAILS**

|  |  |
| --- | --- |
| Date Complaints Form Completed: | |
| Date of issue: *(if different from above date)*: | Time (use 24hr clock): |
| Location: | Room No: |
|  | |

|  |
| --- |
| **DESCRIPTION** Give full details of what happened and the issues of concern:  Continue overleaf if necessary |

|  |
| --- |
| **Additional information:** |

## C. RESPONSIBLE PERSON This form must be countersigned by the following:

|  |  |  |
| --- | --- | --- |
| Name: | Session: | |
| Position held: | Tel No: | Date: |

**D. OUTCOME**

|  |  |  |
| --- | --- | --- |
| Name: | Details: | |
| Position held: | Tel No: | Date: |