



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

Date Complaints Form Completed: Date of issue: (if different from above date): Location: Time (use 24hr clock): Room No: DESCRIPTION Give full details of what happened and the issues of concern:	Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:		Male □ Female □	
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:	Family Name:	Other Names:			
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 necessal	Address:	Role:			
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Continue overleaf if necessal	Location:		Room No:		
		s of concern:		Continue overleaf if necessary	
C. RESPONSIBLE PERSON This form must be countersigned by the following: Name: Session:					
Position held: Tel No: Date:	Position held:	Tel No:		Date:	





D. OUTCOME

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