

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 <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Other Names:	
Address:	Role:	
	Session date:	
	time	
	Tel No:	
Email:		
Status: coach <input type="checkbox"/> parent <input type="checkbox"/> adult fencer <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> (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 <input type="checkbox"/> No <input type="checkbox"/> If No, what is the first language of the injured person?		

B. DETAILS

Date Complaints Form Completed:	
Date of issue: <i>(if different from above date):</i>	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:

CAMDEN FENCING CLUB



D. OUTCOME

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