



COACH/PARENT COMPLAINT FORM

All personal details will remain confidential
Complaints will be acknowledged within 5 working
days of receipt

Name of person making complaint (required): _____
Address: _____
Contact Number(s): _____
Email: _____

COMPLAINT DETAILS

Today's Date: _____ Date of Incident (if relevant): _____
Time: _____
Location of Incident: _____
Who/What is the subject of your
complaint: _____
Summary of Complaint/Issue: _____

WITNESS DETAILS (if applicable)

Name: _____
Address: _____ Contact Number: _____

COMPLAINT OUTCOME

As a result of making this complaint, is there any outcome you would like? Yes _____ No _____
If yes, please provide details: _____

BOARD DECISION: _____

SIGNATURE OF BOARD MEMBER _____ **DATE:** _____