



Date Complaint Received: ___/___/___

Complaints Form

Please read the Complaints Policy before proceeding with your complaint.

Unless it is a serious matter, where possible you are encouraged to attempt to resolve differences directly yourself before making a formal complaint.

By submitting this complaint form, you accept that WFSC may require you to meet any of the Club's reasonable costs in dealing with this complaint if you are found to be at fault or if you have avoidably prolonged the complaints process.

Fairness requires that a person accused of fault know what they are accused of and the details of the incident. Anonymous complaints may not be taken further.

PERSON MAKING THE COMPLAINT

Contact Details

Your Name:	Phone:	
Email:	Age:	Over 18 <input type="checkbox"/> Under 18 <input type="checkbox"/>
Address:		

If you are making a complaint on behalf of someone else:

Name of person complaining on behalf of: _____

Contact Details of person complaining on behalf of: _____

Complainants role/status

- Participant
 Coach
 Assistant Coach
 Employee (paid)
 Manager
 Official
 Admin (paid)
 Admin (volunteer)
 Other Volunteer (provide details): _____
 Parent
 Supporter
 Support Person
 Other (provide details): _____

THE PERSON WHO IS THE SUBJECT OF THE COMPLAINT

Name or description	Age:	Over 18 <input type="checkbox"/> Under 18 <input type="checkbox"/>
---------------------	------	--

Person complained about's role/status

- Participant
 Coach
 Assistant Coach
 Employee (paid)
 Manager
 Official
 Admin (paid)
 Admin (volunteer)
 Other Volunteer (provide details): _____
 Parent
 Supporter
 Support Person
 Other (provide details): _____

Nature of Complaint (tick as many as relevant)

- Club management issue
 Coaching issue
 Unfair decision
 Verbal abuse
 Bullying
 Sexual Harassment
 Physical abuse / assault
 Racism
 Discrimination
 Other (provide details): _____

Date(s) of incident(s):	
Location of incident(s):	

Incident occurred during:

- Club Figure Skating Session
 Club Competition
 Skate classes
 Club Event
 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