

**COMPLAINT FORM**

**Please send to Club Welfare Officer (CWO) or Club Secretary**

## COMPLAINANT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name |  | | Date of birth |  |
| Address |  | | | |
|  | | | Post code |  |
| Home telephone number |  | Mobile telephone number | |  |
| Email Address |  | | | |

## WHAT ROLE BEST DESCRIBES YOU? (🗸)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Coach / Manager | Parent | Volunteer of an affiliated body | Player | Spectator | Other (Please specify below) |
|  |  |  |  |  |  |
| Other | | | | | |

## WHAT IS YOUR COMPLAINT RELATED TO? (🗸)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Wilpshire Wanderers FC | Coach/Manager/  Volunteer (Individual) | Voluntary body  (Club/League) | FA Regulation and/or policy | Summertown Stars AFC  Regulation and/or policy | Other (Please specify below) |
|  |  |  |  |  |  |

## Details of other person(s) or organisations involved in this complaint (i.e. what the complaint is about and who it concerns)

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Position |  |

|  |
| --- |
| Details of complaint |
|  |
| Details of what action you expect to be taken |
|  |

**For Office use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complaint received by |  | | Date received |  |
| Action taken or required |  | | | |
|  | | Date action completed | |  |
| Signature |  | | | |