

# INFORMAL COMPLAINTS FORM



## DETAILS OF PERSON MAKING COMPLAINT

Mr/Mrs/Miss/Ms  
FULL NAME

ADDRESS

POSTCODE

TEL NO

SIGNATURE

DATE

## DETAILS OF PERSON TAKING COMPLAINT (STAFF)

FULL NAME

JOB ROLE

WITNESS DETAILS – if possible (inc name, contact details & summary)

## COMPLAINT DETAILS

DATE OF INCIDENT

TIME (if known)

IS THE COMPLAINT RELATED TO: MATCH DAYS  OR NON MATCH DAY

IS A RESPONSE REQUIRED: YES  NO   
(Please tick as applicable)

## SUMMARY OF COMPLAINT

(Continue overleaf if needed)


**PLEASE SAY WHAT WOULD YOU LIKE TO SEE HAPPEN AS  
A RESULT OF YOUR COMPLAINT?**


**IS FURTHER ACTION REQUIRED?                      YES                         NO**

**IF YES, PLEASE PASS THIS FORM ON TO DARREN PAYNE FOR FURTHER INVESTIGATION**

**OTHER COMMENTS**


**LEARNING OUTCOMES (if applicable)**


**DATE COMPLAINT COMPLETED (and response sent if needed)**

*\* PLEASE NOTE: Allegations of negligence and/or claims  
for compensation against the club are not covered by this form.*

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