**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 AFCRegulation 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  |  |