Redlynch Equestrian Association

Complaint Form

DETAILS OF PERSON MAKING COMPLAINT

Name: _____ **Contact Phone No.** _____

Address: _____

Date of Incident: _____ **Venue:** _____

DESCRIPTION OF COMPLAINT (If space is insufficient attach further detail)

Do you wish to be contacted re this complaint? **YES** ❑ **NO** ❑

Signature: _____ **Date:** _____

COMMITTEE USE ONLY

- Please respond to member (if indicated) as soon as practical.
- Record result of investigation / action plan
  (This is the record of the action taken – not necessarily what is reported back to the member)

- Is there a need to amend any policies and / or procedures? YES ❑ NO ❑ If yes, detail:

Signed: _____ **Date:** _____