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)

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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)

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

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Signed: _____ **Date:** _____