COMPLAINT FORM

for submitting complaints of misconduct

Date:

Complainant Name:

Affiliated Club: ROCK PARK BOWLING CLUB

County Association: BOWLS DEVON

Contact Number: 01271 377372

Email Address: rockparkbc.chair@gmail.com

Respondent Name:

Affiliated Club: ROCK PARK BOWLING CLUB

County Association: BOWLS DEVON

Date of Misconduct:

Location:

Describe the Misconduct:

Describe the impact the Misconduct has had on you:

Were there any Witnesses?

Witness Name:

Witness Name:

Witness Name:

How best can your complaint be resolved? What would you like to happen? (We may not always be able to achieve this, but understanding your preference helps guide the process)

Please send this Complaint Form to the appropriate Complaint Assessor (CHAIR) within 14 days of being made aware of the misconduct.