COMPLAINT FORM

Please send to Club Welfare Officer (CWO) at welfare@hhyfc.info
or Club Secretary at secretary@hhyfc.info

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? (✓)

Summertown Stars AFC	Coach/Manager/ Volunteer (Individual)	Voluntary body (Club/League)	FA Regulation and/or policy	Summertown Stars AFC Regulation 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			