

Signature:

| Date/Time Complaint Received: | / | / | / | ÷ | am/pm |
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## **COMPLAINTS FORM**

All complaints must be received in writing at the Registration Office or via email: <a href="mailto:admin@netballhamilton.org.nz">admin@netballhamilton.org.nz</a>

| Complainant Name:         |   |
|---------------------------|---|
|                           | Parent / Spectator / Player / Other                                       |
| Team Associated to (if ap | pplicable):   |
|                           | Phone:  |
| Date/Time of Incident:    | /:am/pm Location:   |
| involved):                | provide details such as over players/officials/umpires/coaches/spectators |
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|                           | (Further information can be written on the back of this form)             |

| Incident Details (please provide details such as over players/officials/umpires/coaches/spectators involved): |  |  |  |  |  |
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