

Complaint Number/Category:

2023 Complaint to Northern Suburbs Netball Inc.

All complaints are to be sent as "Private and Confidential" and emailed to secretary@nsnetball.co.nz

Name:		<u>.</u>
Your position (Player, umpire, duty umpire, coach, support	ter etc).	
Postal Address:		_
Phone number: Daytime	Evening	_
Your school:	Email:	_
Date of game:	Time of game:	_
Court number:	Team/year grade:	-
School teams playing:		-
Umpires (include school):		-
Was the duty umpire called to the game?	Yes/No	
Duty umpires name:		_
Describe the complaint:		_
Signature of Complainant:	Date:	

A school official (Principal or Deputy Principal) MUST sign this form

Signature of the Principal/Deputy Principal:		
Name:	Date:	
Position:	Email:	
Phone number: Daytime	Evening	
	ou are in agreement with this form together with any other ing passed to the person being complained about and/or to	
Date received by NSN:	Date determined by NSN:	
Determination by NSN Complaints Com	mittee:	
Complaints Committee Members (pleas	e sign):	
Name:	Signature:	
Name:	_ Signature:	
Name:	_ Signature:	