



Complaint Number/Category:

2015 Complaint to Northern Suburbs Netball Inc.

All complaints are to be sent as "Private and Confidential" to:

Complaints Committee
Northern Suburbs Netball Inc,
PO Box 26106, Newlands 6037, Wellington

Name: _____

Your position (Player, umpire, duty umpire, coach, supporter 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 (or a NSN Executive Member, if you are not associated with a school) MUST sign this form

Signature of the School Official/NSN Executive member: _____

Name: _____ Date: _____

Position: _____ Email: _____

Phone number: Daytime _____ Evening _____

Please confirm by ticking the box that you are in agreement with this form together with any other information relevant to this complaint being passed to the person being complained about and/or to his/her school.

Date received by NSN: _____ Date determined by NSN: _____

Determination by NSN Complaints Committee: _____

Complaints Committee Members (please sign):

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____