

## **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, suppor	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 (or a NSN Executive Member, if you are not associated with a school) MUST sign this form Signature of the School Offical/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: \_\_\_\_\_