

Appendix 1 - Complaint Form

Whangamata Club Inc.



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| Name of Complainant: | |
| Member No./Position | |
| Contact Details: | |
| Name of Person Complained about: | |
| Complaint Details: Date: Time: Location: | |
| Nature of complaint: (use additional pages if necessary) | |
| Witnesses to complainant: (if any) | |
| Describe remedy sought: (although this may not be determinative) | |
| Signature of Complainant | |