



Special Olympics New Zealand Complaints Form

Your contact details

Name:	
Phone:	
Email:	

If you are making a complaint on behalf of someone else:

Name of person complaining on behalf of:	
Contact details of person complaining on behalf of:	

Complaint Details

Person this complaint is being made against:	
Their role/position:	
Date(s) of incident(s):	
Location of incident(s):	

Description of incident/complaint (use additional sheet if required)

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Details of any witnesses

Name:	
Contact Details:	
Name:	
Contact Details:	

Any actions taken so far (if any) to attempt to resolve this issue:

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Complainant

Name:	
Signature:	
Date:	

Refer to the Special Olympics New Zealand Complaints, Member Discipline, and Appeals Policy for an outline of the complaints process and who to submit your complaint to.

Additional sheet (if required)

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide additional information or answers if required.