

Busselton Amateur Basketball Association Inc: Member Complaint Form

Name of person giving Complaint: _____

Telephone Number: _____

Address: _____

Email: _____

(all above MUST be completed)

Relationship to team/players: _____

Were the game referees and/or referee supervisor notified at the time or after the event? _____

Details of incident: *Please be specific. Ideally please identify people involved & their relationships to the club or the team, date and time.*

The following is for BABA admin to fill out.

Action taken by BABA: _____

Results of investigation: _____

Date members involved were contacted with the results of the investigation and action taken (if required): _____

Person investigating incident: _____

Date feedback report received: _____

Date complaint forwarded to BABA: _____

Date updated: 9 July 2015