COASTAL SPARKS NETBALL CLUB



GRIEVANCE FORM

Date:		
Age Group, Division:		
ls this g	this grievance regarding:	
	ATHLETE	
	COACH/TEAM MANAGER/COMMITTEE (circle one)	
	UMPIRE	
	PARENT	
	SPECTATOR	
	OFFICIAL	
	OTHER	

Details of incident: (include date, time, location where incident occurred and names if known).



Were ther	re any witnesses to your grievance? YES NO	
If yes,		
Witness Name:		
Witness Mobile contact:		
Details of the Coastal Sparks Netball Club governance (i.e.: policy, procedure, bylaw) that has been contravened, or that supports this grievance:		
YOUR (COMPLAINTANT) DETAILS:		
Full name (please print):		
Club & Team name:		
Your ROLE:		
	ATHLETE	
	DFFICIAL	
	JMPIRE	
	COACH	
Т	EAM MANAGER	
P	PARENT	
S	PECTATOR	
	OTHER	
Contact details: Mobile No:		
Email:		

By lodging this grievance, I agree that the information contained within this report is true and correct.

By lodging this grievance, I acknowledge that the report details will be shared with parties to the grievance, who are entitled to a right of reply.

By lodging this grievance, I acknowledge that CSNC will follow the Procedures for Grievances as outlined in the Coastal Sparks Netball Club policies.

Signature

This report should be lodged via email to:

enquiries.csnc@gmail.com

compliance.csnc@gmail.com

Grievances will not be accepted, unless lodged on the official Club form