



Complaints Procedure & Form V.1

Complaint Procedure & Form

V 1

Complaint Procedure

The Norfolk Archery Association aims to always ensure that our handling process is fair to everyone, ensuring all views are heard and considered in a balanced way.

If you have a complaint, please ensure that you are familiar with the AGB Disciplinary Policy & Procedure. All complaints should be dealt with at the lowest level possible. Please direct your complaint using the options below

Complaint level	Complaint Referred To	Contact Details
County	County Secretary, or County Chair if about the Secretary	NAA Secretary 32 Heathlands, Swaffham, Norfolk, PE37 7TG Or... By Hand or email norfolkarcherysecretary@gmail.com
If a complaint cannot be dealt with by the County, the County Secretary must refer it to the Regional Secretary		

Notes:

1. If the complaint was initially raised by another method this form must still be completed.
2. In this case a panel may be formed before this form is submitted.
3. If the complainant decides not to complete this form then any pre-formed panel must be dissolved.
4. No investigations may be carried out until this completed form has been received.
5. This form and any other documents relating to the initial complaint must be forwarded to the secretary (unless about the secretary) for the complaint to be investigated.

Complaint Form

Information on this form should be kept confidential but may be disclosed when necessary to further the process.

Section 1 Details of the member making the complaint:

Name		Membership Number	
Address			
Day Contact Number		Evening Contact Number	
E-mail			
Club		Occupation	
Are you under 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth
Note: If you are under 18, this form must be co-signed by one of your parents or a legal guardian			



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Section 2 Details of the member about whom the complaint is being made: If known

Name		Membership Number if known	
Club and position at the club if any.			

Section 3 Brief details of your complaint:

When did the incident happen?	
Where did it happen?	
What happened? (If you need more room you can add additional pages. Please mark them with your name and AGB no)	
What impact has it had on you?	
What can we do and how can we fix it?	
Medical conditions that you need to advise us about to support your case	



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Section 4 Witnesses to the incident:

Name of Witness		Membership Number	
Day Contact Number		Evening Contact Number	
E-mail			
Is the witness under 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth
Witness statement			

Name of Witness		Membership Number	
Day Contact Number		Evening Contact Number	
E-mail			
Is the witness under 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Birth
Witness statement			



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Section 5: Complainant submission of information

Declaration of the Complainant:

I declare, to the best of my knowledge, that the information contained in this complaint is correct.

Name: _____ Are you under 18?: Yes No

Date: _____ Signature: _____

I confirm that I have read and understood the AGB Disciplinary Policy and Procedure: Yes

If you are under 18 when the complaint is filed, this form must be co-signed by one of your parents/legal guardians.

Declaration of the parent/legal guardian:

I have read this Complaint Form and confirm that information contained in this complaint is correct.

Name: _____

Date: _____ Signature: _____

I confirm that I have read and understood the AGB Disciplinary Policy and Procedure: Yes

Send this completed above form to the club using the details above.

Complainant's Checklist

- Complaint Form completed Yes
- Witness Statements completed Yes
- Declaration signed Yes
- Declaration signed by parent/guardian (U18s only) Yes
- Supporting documents Yes
- Other (specify Yes
-
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Send this complete form to the county using the details above Yes



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Section 6: Complaint tracking sheet

FOR NORFOLK ARCHERY ASSOCIATION COMMITTEE USE ONLY

Date of initial complaint: (if applicable)			
Date complaint form received:			
Date submitted to Secretary: (if not the same as above)			
Date of contact/confirmation with respondent:			
Investigation Panel	Name	AGB Number	Position Chair of Panel Investigating Officer Record Keeping/Notetaker
Date and Time of Hearing: (if applicable)			
Venue (if applicable)			
Notification sent to:	Complainant Yes <input type="checkbox"/>	Date and Time	
	Respondent (if applicable) Yes <input type="checkbox"/>	Date and Time	
Committee Members present at presentation of Initial findings (Signed)			
Committee Members present at the presentation of Final Hearing. (Signed)			
Disciplinary Hearing decision/outcome:			