**West Riding FA**

**CUSTOMER COMPLAINTS FORM**

## **Complainant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| Address |  | | |
|  | | Post code |  |
| Home telephone number |  | Mobile telephone number |  |
| Email Address |  | | |

**What role best describes you? (🗸)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Coach | Parent | Volunteer of an affiliated body | Player | Spectator | Other (Please specify below) |
|  |  |  |  |  |  |
| Other | | | | | |

**What is your complaint related to? (🗸)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| West Riding FA Staff Member | Volunteer (Individual) | Voluntary body  (Club/League) | FA Regulation and/or policy | West Riding FA  Regulation and/or policy | Other (Please specify below) |
|  |  |  |  |  |  |

**Details of other person(s) or organisations involved in this complaint (i.e. what the complaint is about and who it concerns)**

|  |  |
| --- | --- |
| **Name** |  |
| **Organisation** |  |
| **Position** |  |

|  |
| --- |
| **Details of complaint** |
|  |
| **Details of what action you expect to be taken** |
|  |

**For Office use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Complaint received by |  | | Date received | |  |
| Action taken or required |  | | | | |
|  | | Date action completed | |  | |
| Signature |  | | | | |