

COMPLAINT OR DISAGREEMENT APPLICATION FORM

Please note any information provided is considered and treated as confidential, respecting all involved parties.

1 Member name Date

2 Parent / Guardian Name

If under 18 years of age

3 Received by Print Sign

4 Witnessed by Print Sign

5 Please confirm that you have read the Spirit Taekwondo complaint and disagreement policy Circle YES or NO

6 What is the basis for the complaint or disagreement?

Please tick the apposite category.

<input type="radio"/> Coaching conduct	<input type="radio"/> Administration	<input type="radio"/> Student conduct
<input type="radio"/> Training environment	<input type="radio"/> Student management	<input type="radio"/> Other

7 Which person or department is your complaint or disagreement directed at?

Individual or department in question:

8 Please provide complaint or disagreement details below:

9 Do you request the matter be dealt with by the Directors Circle YES or NO

10 Do you agree that if this matter is not resolved to the satisfaction of both parties that it will be referred to our legal advisors and that costs may be incurred? Circle YES or NO

11 We the undersigned agree to follow the rules and terms of the Spirit Taekwondo Complaint management procedures.

LODGED BY

Signature

13 RECEIVED BY
Spirit staff only

Signature

Notes:
Spirit staff only