



Complaint Procedure Form

March 2023

Complaint Procedure

For guidance on the club's complaint procedure, please refer to Bowmen of Darenteford's Complaint Policy which can be found on the club's website under [Club Policies](#) or alternatively a copy may be obtained from the Club Secretary.

Bowmen of Darenteford aims to ensure that at all times our handling process is fair to everyone, ensuring all views are heard and taken into account in a balanced way.

If you have a complaint you should also be familiar with the Archery GB Disciplinary Policy which can be found on the Archery GB website [here](#).

Notes:

1. Complaints will only be dealt with on completion of this Form.
2. If you are not a member of Bowmen of Darenteford then please put N/A where a field may not apply. Please complete as much of the form as possible that is relevant to you.
3. If required, please continue answers on a separate sheet clearly marked.

It should be noted that **all** complaints of a safeguarding nature or that contain a safeguarding element are to be referred to the Club Welfare Officer or Deputy Welfare Officer who will then automatically refer them directly to Archery GB's Lead Safeguarding Officer.

Complaint Form

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

CLUB/COUNTY/REGION NAME:

CLUB/COUNTY/REGION REFERENCE NO:

Section 1 Details of the member making the complaint:

Name		Membership Number	
Address			
Day Contact Number		Evening Contact Number	
E-mail			
Position held at Club (if any)			
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			

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

Name		Membership Number	
Address			
Day Contact Number		Evening Contact Number	
E-mail			
Position held at Club (if any)			

Section 3 Details of your Club's Officials:

Name of Club Secretary		Membership Number	
Email			

Name of Club Chairman		Membership Number	
Email			

Section 4 Brief details of your complaint:

When did it happen?	
Where did it happen?	
What happened?	
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	
Please refer to the Archery GB Disciplinary Policy. State which paragraph(s) you feel apply to your complaint and why.	

Section 5 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			

Section 6: 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 Bowmen of Darenteford’s Complaints Policy and the Archery GB Disciplinary Policy: 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 Bowmen of Darenteford’s Complaints Policy and the Archery GB Disciplinary Policy: Yes

Complainant’s Checklist

- Complaint Form completed Yes
- Witness Statements completed Yes
- Declaration signed Yes
- Declaration signed by parent/guardian (U18s only) Yes
- Other (specify) Yes

Please return the completed form electronically to secretary@darenteford.org or by post to:

Secretary
Bowmen of Darenteford
Address To Be Confirmed.

This page is for Official Club use Only.

Section 7: Complaint tracking sheet

FOR CLUB/COUNTY/REGIONAL/ARCHERY GB CMP/MEMBERSHIP SERVICES USE ONLY

Date complaint received:			
Date submitted to Secretary:			
Date submitted to the Chairman:			
Date of contact/confirmation with respondent:			
Name of Investigation Officer:		Date Appointed	
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	
Disciplinary Panel members:	1.		
	2.		
	3.		
(If required)	4.		
Disciplinary Hearing decision/outcome:			

Enclosure Check List

Complaint Form Yes
 Witness Statements Yes
 Other (specify) Yes



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