

# Complaints Form

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| **Details of person making Complaint** | |
| Name: | Club/Involvement in Squash Ireland/ Member of Public etc |
| Address:  Email  Phone: | Position |
| Date and time of Incident: | |
| Details of Complaint:  (Please attach any supporting documentation) | |
| Was the complaint reported to any other person or body? Please give details | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Date | |