

Complaint Procedure & Form

# Complaint Procedure

Archery GB 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, please ensure that you are familiar with the Archery GB Disciplinary Policy and Procedures and the Lower-Level Concerns Policy alongside the Archery GB Code of Conduct. All complaints should be dealt with at the lowest level possible. Please direct your complaint using the options below:

(The above Policies and the Archery GB Code of Conduct can be downloaded from the Archery GB Website, or a copy can be sent upon request).

|  |  |  |
| --- | --- | --- |
| **Complaint level** | **Complaint Referred To** |  |
| CLUB | Club Chair/Club Welfare Officer | |
| If a complaint cannot be dealt with by the Club, the Club Chair must refer it to the County Chair | | |
| COUNTY | County Chair/County Welfare Officer | |
| If a complaint cannot be dealt with by the County, the County Chair must refer it to the Regional Chair | | |
| REGION | Regional Chair/Regional Welfare Officer | |
| If a complaint cannot be dealt with by the Region, the Regional Chair must refer it to the Chair of the Archery GB Case Management Panel (CMP) for their consideration via Archery GB National Lead Safeguarding Officer (NLSO) ([anne.rook@archerygb.org](mailto:anne.rook@archerygb.org)) | | |
| **SERIOUS COMPLAINTS:**  Serious complaints (as detailed by the Disciplinary Policy) must immediately be referred to the Chair of the Archery GB Case Management Panel (CMP) via the Archery GB National Lead Safeguarding Officer (NLSO) [anne.rook@archerygb.org](mailto:anne.rook@archerygb.org) | | |

# Complaint Form

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

**CLUB NAME: ………………………………………………………… CLUB REFERENCE NO: ……………………………………………………..**

**COUNTY NAME: …………………………………………………… COUNTY REFERENCE NO: …………………………………………………**

**REGION NAME: …………………………………………………… REGION REFERENCE NO: ………………………………………………**

## Section 1: Details of the member/volunteer making the complaint (Complainant)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Membership Number |  |
| Address |  | | |
| Day Contact Number |  | Evening Contact Number |  |
| E-mail |  | | |
| Position/s held at Club |  | | |
| Are you under 18? | Yes 🞏 No 🞏 | 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/volunteer about whom the complaint is being made (Respondent)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Membership Number |  |
| Address |  | | |
| Day Contact Number |  | Evening Contact Number |  |
| E-mail |  | | |
| Club Name:  (First named club) |  | | |
| Position(s) held at Club:  (First named club) |  | | |
| Club Name:  (Associated Club) |  | | |
| Position(s) held:  (Associated Club) |  | | |

## Section 3 Details of your Event/Club Officials:

|  |  |
| --- | --- |
| Club Name |  |
| Name of Club Chair |  |
| Membership Number |  |
| Name of Club Welfare  Officer |  |
| Membership Number |  |

## 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 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 🞏 No 🞏 | Date of Birth |  |
| Witness statement |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Witness |  | Membership Number |  |
| Day Contact Number |  | Evening Contact Number |  |
| E-mail |  | | |
| is the witness under 18? | Yes 🞏 No 🞏 | 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 Archery GB Disciplinary Policy and the Archery GB Code of Conduct 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 the information contained in this complaint is correct.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I have read and understood the Archery GB Disciplinary Policy and the Archery GB Code of Conduct Yes 🞏

## Complainant’s Check List

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

## Enclosure Check List

|  |  |  |  |
| --- | --- | --- | --- |
| Complaint Form | | Yes 🞏 | |
| Witness Statements | | Yes 🞏 | |
| Other (specify ………………………………………………) | | Yes 🞏 | |
|  | Archery GB is the trading name of the Grand National Archery Society, a company limited by guaranteed no. 1342150 Registered in England | |