

IPA COMPLAINT FORM

Please take care in filling out this form as the information contained in it will be considered by the IPA
National Children's Officer

It is possible that during the process, a copy of this completed form (or part of) and any other relevant
documentation may be furnished to another party named in the complaint.

The completed form should be returned IPA National Children's Officer (DSCO)

YOUR CONTACT DETAILS:

Name: _____

Tel: M: _____

H: _____

Address:

Email: _____

Child's Name (If applicable): _____

COMPLAINT DETAILS:

When completing this section, please give as much information as possible.

Event:

Location

Date _____

IPA Complaint Form

INDIVIDUAL(S) INVOLVED:

NAME _____

NAME _____

NAME _____

NATURE OF THE COMPLAINT – UNDER IPA CODE OF ETHICS AND GOOD PRACTICE FOR YOUTH SPORT

When completing this section, please provide as much information as possible. Any information provided may be checked for verification by the IPA National Children’s Officer

SUPPORTING DOCUMENTATION:

(If you are supplying supporting documentation please insert “A” etc on front page of actual supporting document with title listed below)

Document A: Enclosed

Document B: Enclosed

Title: _____

Title: _____

ANY OTHER INFORMATION YOU FEEL IS RELEVANT:

Signed: _____

Date: _____