



## SUGGESTION/COMPLAINT FORM

All personal details remain confidential

Submissions will be acknowledged within five working days

Name of person making the suggestion or complaint		
Contact number		
Email		
Signature and date		

### SUGGESTION OR COMPLAINT DETAILS

Date of incident (if relevant): \_\_\_\_\_ Time: \_\_\_\_\_

Location : \_\_\_\_\_

Subject of suggestion or complaint: \_\_\_\_\_

Details:

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Witness details (if applicable)	
Contact number	
Email address	

### OUTCOME

As a result of this suggestion or complaint, is there any outcome you would like? YES ☐ NO ☐

If yes, please provide details: \_\_\_\_\_

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Send completed form to [secretary@scpickleball.com.au](mailto:secretary@scpickleball.com.au)