



FORMAL COMPLAINT FORM

PO Box 41166, Casuarina
Darwin NT 0811
secretary@bmxnt.org.au
www.bmxnt.org.au

Complainant's Details (person making complaint)

Name: _____

Contact Number: _____ Email: _____

Complainant's Age (please tick): Over 18 years of age Under 18 years of age

Complainant's Role/Position:

- Administrator (Volunteer)
- Athlete/Rider
- Employee (paid)
- Coach/Assistant Coach
- Support personnel
- Official
- Parent
- Spectator
- Other _____

Respondent's Details (person complained about)

Name: _____

Respondent's Age (please tick): Over 18 years of age Under 18 years of age Uncertain

Respondent's Role/Position:

- Administrator (Volunteer)
- Athlete/Rider
- Employee (paid)
- Coach/Assistant Coach
- Support personnel
- Official
- Parent
- Spectator
- Other _____

