



Wairarapa Hockey Association Inc.

CLAREVILLE SPORTURF, CHESTER ROAD, CARTERTON

Phone: (06) 379 8133, Fax: (06) 379 5520, Email: sally.waihockey@xtra.co.nz

All correspondence to Rep Coordinator, P.O.Box 712, Masterton

Stay in touch visit our Web Site www.hockeywairarapa.org.nz

Concern or Complaint Form

Rational; A concern or complaint may be the result of actions of speech or deed, construed by another person to be detrimental to players, officials, spectators, or indeed, to the image of hockey.

A complaint must be in writing in the hand of the person/s complaining and signed by that person. This matter will then go to the Rep Coordinator, Executive officer or the relevant boards (which ever is deemed relevant) for deliberating and actioning.

Confidentiality will be upheld where requested.

DATE _____

TIME _____

RECEIVED FROM _____

ADDRESS _____

PHONE _____

CONCERN ;

SIGNED

FOLLOW-UP NOTES

RESOLVED; YES / NO (Please circle)