

COMPLAINT FORM

1. DETAILS OF THE COMPLAINT.

**Required Fields*

*Your Name (Optional): _____

*Date of Complaint: _____ *Role (e.g., participant, volunteer, staff): _____

*Contact Information (Optional): _____

2. *DETAILS OF THE COMPLAINT

Please provide a clear description of your complaint. Include relevant details such as what happened, where, when, and who was involved.

(If prefer to do the video in BSL, please send the video to info@deafdarts.org and add reference to this paragraph)

3. *SPECIFIC ISSUE(S).

Please check the type of issue(s) you are raising:

- ☐ Behaviour of Staff/Volunteers
 - ☐ Inadequate Facilities or Equipment
 - ☐ Accessibility Issues
 - ☐ Safety or Health Concerns
 - ☐ Event Organisation or Scheduling Issues
 - ☐ Communication Issues
 - ☐ Discrimination or Unfair Treatment
 - ☐ Other (please specify): _____
-

4. *HAVE YOU RAISED THIS ISSUE BEFORE?

- ☐ Yes
- ☐ No

If yes, please provide details of the previous communication or action taken:

5. *RESOLUTION REQUESTED

What would you like to happen as a result of this complaint? Please specify the resolution or outcome you are seeking.

6. *HAVE YOU TAKEN ANY ACTION STEPS TO RESOLVE THE ISSUE

Have you already taken any steps to resolve this issue? Please describe any actions you've taken to address the problem (e.g., speaking to a staff member, informing management, etc.).

(If prefer to do the video in BSL, please send the video to info@deafdarts.org and add reference to this form.

This form must be completed and emailed to the Deaf Darts Organisation.
Send this form to info@deafdarts.org

-----**(Deaf Dart Organisation Officer to fill in this part of the form)**-----

7. COMPLAINT ACKNOWLEDGEMENT

Complaint Received By:

(Name and position of the person receiving the complaint)

Name: _____

Position: _____

Date: _____

Next Steps:

(Details of what happens next in the complaint process, including timelines or follow-up actions)

8. FOLLOW-UP

Once the complaint has been reviewed and resolved, the following will be communicated to the complainant:

Response Date: _____

Outcome/Resolution: _____

Further Action: _____

9. COMPLAINT RESOLUTION

Resolved By: _____ (Name and position)

Date Resolved: _____

Outcome:

Outcome:
(Provide a summary of the outcome and any actions taken to resolve the complaint)

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