**Complaints Form**

Please complete and send to BHA secretary with £25 fee.

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| Contact Details | | |
| Name | Email Address | Telephone No |
| Nature/Description of Complaint | | |
| Details of conversations you may have had with any member of committee that may be relevant to your complaint | | |
| Committee Member(s) Name | Brief details of conversation | |
| Please attach any documentation that you wish to be taken into consideration to support | | |
|  | | |
| Official Use | | |
| Date & Fee received | Received By | Issued to : |
| Investigation Date | By | Reply Date |
| Complaint Upheld  YES/NO | Fee Returned  YES/NO | Close Out By & Date |