**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 UpheldYES/NO | Fee ReturnedYES/NO | Close Out By & Date |