

SURF LIFE SAVING NEW ZEALAND COMPLAINTS FORM

MAKING A FORMAL COMPLAINT TO SLSNZ

Where comfortable, you are encouraged to raise concerns directly with the person(s) concerned unless there are safety reasons, or the issue is too serious to try to resolve this way. See our website for ways to informally resolve a Complaint or dispute.

If you have not been able to resolve your concerns directly with the person(s) or it is not appropriate to do so, you may raise a formal Complaint with SLSNZ. Use this form to give us all the information we need to raise a formal Complaint against a Member or SLSNZ.

COMPLAINTS PROCESS

SLSNZ will deal with your Complaint as set out in our Complaints Policy and Procedures.

CONFIDENTIALITY

Our Complaints process is confidential to the parties involved. SLSNZ will only share information relating to the Complaint in accordance with our Complaints Policy and Procedure, and applicable legislation.

Parties to the Complaints process must agree to comply with our reasonable directions about confidentiality.

CONTACT DETAILS

Send your completed form and any supporting documentation to the SLSNZ Complaints Officer at Complaints@surflifesaving.org.nz or post to:

Complaints Officer

Surf Life Saving NZ
P O Box 39 129
WELLINGTON MAIL CENTRE
LOWER HUTT 5045

If you need help completing this form, or if you have any questions, feel free to contact the Complaints Officer on (04) 560 0383

YOUR DETAILS

Name:

Phone:

Email:

Address:

Age: Under 18 18 years or over

Club:

Surf Lifesaving role(s):

Participant (athlete or lifeguard)	Coach	Manager
Competition Official	Administrator (volunteer)	
Committee/Board Member	Employee	
Other volunteer - provide details:		

Parent Supporter

Other - provide details:

If you are making a complaint on behalf of someone else, please provide the following details:

Name of person complaining on behalf of:

Contact details of person complaining on behalf of:

DETAILS OF PERSON(S) OR ORGANISATION COMPLAINED ABOUT

Note: the person or organisation complained about must be an SLSNZ Individual Member, Officer, Volunteer, Club, SLSNZ Committee, SLSNZ Board or SLSNZ

Name:

Phone:

Email:

Address:

Age: Under 18

18 years or over

Not relevant

Club:

Surf Lifesaving role(s):

Participant (athlete or lifeguard)

Coach

Manager

Competition Official

Administrator (volunteer)

SLSNZ Committee

Employee

Other volunteer - provide details:

PARTICULARS OF COMPLAINT OR CONCERNS

What happened? What are your concerns?

Describe the event or action you want to complain about. We need to know what happened, where and when it happened and who was involved. Please give us all the dates and other details you know. You can attach an extra page and supporting evidence if you wish. Supporting documentation might include correspondence, photos, statements from other people involved or other relevant documentation.

Who else was involved?

Are there other people who can help us with any enquiries we may make? This could be anyone who observed the conduct you are concerned about or who was party to any discussion about it. Please provide contact details as we may contact these people for further information.

Resolution/Outcome

What do you want to achieve by raising these concerns with us?

What would resolve the matter for you?

STEPS ALREADY TAKEN TO RESOLVE THE CONCERNS

Have you discussed/addressed this matter with the person(s)/organisation directly?

Yes No

Have you taken, or are you taking, any other steps to resolve your concerns (including legal action)?

Yes No

If yes, explain the steps you have taken or are taking and the outcome:

Would you be open to talking to the person(s)/organisation about your concerns with our help?

Yes No

DECLARATION

I wish to start a procedure to resolve a dispute or make a Complaint according to the SLSNZ Constitution.

I declare all information I have supplied in this form is true and correct to the best of my knowledge and belief.

I agree to all documentation relating to this Complaint being shared with the person(s) or organisations complained about, and any other parties involved where necessary for the resolution of my concerns.

I am aware SLSNZ's Complaint process is confidential and agree not to share any information about the Complaint, and to comply with reasonable directions from SLSNZ regarding confidentiality and name suppression.

SIGNATURE

NAME

DATE