

# CELBRIDGE ATHLETIC CLUB

## Complaints Form

Please enter the nature of your complaint in the box provided. Should you require additional space then add a continuation sheet. Once complete please send the complaint form to the Chairman of Celbridge Athletics. The address is given at the bottom of this sheet.

**Please Note:** ALL details relating to any incident must be provided and must be signed by the athlete and their parent or guardian. If your complaint relates to an accident please complete the relevant **Celbridge Athletic Club Accident Report and Witness forms**. These are available from the Club Child Protection Officer and the Club Secretary and Chairman.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E.MAIL \_\_\_\_\_@\_\_\_\_\_

Nature of Complaint \_\_\_\_\_

Location of incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

Nature of Complaint

Please use an additional page if required

ATHLETE SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

COMPLETE AND POST (Signed) to  
**Chairman, Celbridge Athletic Club, Kieron Stout, 24 Grattan Court, Celbridge.**

## ACCIDENT REPORT FORM

To be completed by the injured party

**1. PERSONAL DETAILS OF INJURED PERSON**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone number:</b>	<b>Email:</b>
<b>Date of Birth:</b>	<b>Age:</b>

**2. DETAILS**

<b>Date of Accident</b>		<b>Time of Accident:</b>	
<b>Location of Accident</b>		<b>To whom reported:</b>	

**3. ACCIDENT DETAILS**

<b>Accident Location:</b>	
<b>Equipment Involved:</b>	
<b>Name of coach/supervisor present:</b>	
<b>Name of other athletes involved:</b>	

**4. INJURY DETAILS**

<b>Nature of Injury:</b>	
<b>Body Part Injured:</b>	
<b>Treatment given:</b>	
<b>By Whom:</b>	
<b>Please Circle:</b>	First Aid   RGN   Doctor   Hospital
<b>Name of Hospital attended:</b>	
<b>Name of Doctor attended:</b>	

**5. WITNESSES**

<b>Name 1</b>	
<b>Name 2</b>	

**6. WHAT WERE YOU DOING AT TIME OF ACCIDENT?****7. DESCRIPTION OF ACCIDENT**

**8. ADDITIONAL INFORMATION (include photos/sketches if appropriate)**

**9. WHAT DO YOU CONSIDER MAY HAVE CAUSED THE ACCIDENT?**

**10. HOW CAN WE PREVENT THIS ACCIDENT HAPPENING AGAIN?**

**Signed: injured party**

**Date:**

**Signed: parent/guardian**

**Date:**

<b>WITNESS REPORT FORM</b>	<b>To be completed by witness to the accident/incident</b>
----------------------------	--

**1. PERSONAL DETAILS OF INJURED PERSON**

**Name:** \_\_\_\_\_

**2. DETAILS**

<b>Date of Accident</b>	<b>Time of Accident:</b>
-------------------------	--------------------------

<b>Location of Accident</b>	<b>To whom reported:</b>
-----------------------------	--------------------------

**3. PERSONAL DETAILS OF WITNESS**

<b>Name:</b>	<b>Address:</b>
--------------	-----------------

<b>Phone number:</b>	<b>E mail:</b>
----------------------	----------------

**4. WHAT WAS THE INJURED PERSON DOING AT TIME OF ACCIDENT?**

**5. WHAT WERE YOU DOING AT TIME OF ACCIDENT?**

**6. WHAT DID YOU SEE/HEAR OF THE ACCIDENT? (include photos/sketches if appropriate)**

**7. ADDITIONAL INFORMATION**

<b>Witness Signature:</b> _____	<b>Date:</b> _____
---------------------------------	--------------------