

COMPLAINT

TO : Disciplinary Committee

Complaint Number : _____

Details of Complainant

Name : _____

Contact No. : _____

Membership / Identification No : _____

Status: [] member [] guest, [] visitor) [] others: _____

STATEMENT

I give below details of my complaint and I accept full responsibility for all allegations made and if requested by the Disciplinary Committee to substantiate the allegations I make in this complaint by way of Statutory Declaration, I agree to do so and I further agree to attend all inquiries and meetings as the Disciplinary Committee may deem fit to request or hold, failing which the Disciplinary Committee may dismiss this Complaint without further reference to me.

Signature : _____ Date : _____

Witness Name & Signature: _____

Details of Respondent (Party complained against)

Name (if available) : _____

Tel number (if available) : _____

Status: [] member, [] guest, [] visitor) [] others: _____

Identification No etc, (if available) : _____

General Details of Complaint:

- | | | |
|---|---|--|
| <input type="checkbox"/> Dangerous Play | <input type="checkbox"/> Slow Play | <input type="checkbox"/> Breach of course courtesy |
| <input type="checkbox"/> Playing off Blue tee | <input type="checkbox"/> Practising | <input type="checkbox"/> Playing without course ticket / payment |
| <input type="checkbox"/> Playing out of turn | <input type="checkbox"/> Smoking | <input type="checkbox"/> Reprimanding staff |
| <input type="checkbox"/> Hit by golf ball | <input type="checkbox"/> Fighting / Abuse | <input type="checkbox"/> Breach of dresscode |
| <input type="checkbox"/> Abusive/vulgar language/sign | <input type="checkbox"/> Causing disturbance | |
| <input type="checkbox"/> Damage /injury | <input type="checkbox"/> Use of other members' card | |
| <input type="checkbox"/> GA warned | <input type="checkbox"/> Speeding on the course | |
| <input type="checkbox"/> Damaging property - green / others : _____ | | |

Others (pls specify) : _____

Date of Incident : _____ Time of Incident : _____ Place of Incident : _____

