

**COCKBURN POWER BOATS ASSOCIATION (INC)**

***COMPLAINT FORM***

Complainants Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Date Complaint Submitted: \_\_\_\_\_

Date of Alleged Offence: \_\_\_\_/\_\_\_\_/\_\_\_\_

Respondents Name: \_\_\_\_\_

Respondents Membership Number (if known): \_\_\_\_\_

Date of Offence: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Offence: \_\_\_\_\_:\_\_\_\_\_

Brief Description of Relevant Events:

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Name of Witness (1): \_\_\_\_\_

Contact Details Of Witness: \_\_\_\_\_

\_\_\_\_\_

Name of Witness (2): \_\_\_\_\_

Contact Details Of Witness: \_\_\_\_\_

\_\_\_\_\_

Name of Witness (3): \_\_\_\_\_

Contact Details Of Witness: \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_