

REGISTRATION OF COMPLAINT – LOTTERIES

(Part 1 to be completed by the complainant or Marketing and Fundraising Manager)

Part 1:

Name of person lodging complaint: _____ Date: _____

Address: _____

_____ Contact number: _____

Receiving Officer/Manager: _____

Details of grievance: (please describe the events of concern. If necessary, attach supporting notes or statements)

Signature of Complainant: _____

Print Full Name: _____

Part 2: INTERNAL USE ONLY

File Number in Grievance Register: _____ Date entered in Register: _____

Name of Investigating Officer: _____

Progress of Investigation Process: _____

Outcome of Grievance/Complaint: _____

Signature of Investigating Officer: _____ Date: _____

Endorsed by: _____ Date: _____