APPLICATION FOR COMPLAINT / DISPUTE

FEE: \$30.00 MEMBERS Deposit: BSB 105-090, A/c 346 285 140, Description SURNAME INITIAL/DISP

GCSA MEMBER (Y/N)	MEMBER NO		
PUBLIC (Y/N)	No fee payable for complaint submitted by non-member		
SURNAME		GIVEN NAME	
ADDRESS			
PHONE		MOBILE	
EMAIL			
Defendant(s) details			
SURNAME		GIVEN NAME	
ADDRESS (if known)			
PHONE		MOBILE	
EMAIL			
Complaint		l	
Conduct of circumThe details of any	breached by defendant, ie Col nstances giving rise to the com r cats involved.	nstitution, Code of Ethics, Show Rules nplaint page and attach it to this form.	

DATE OF INCIDENT			
Did this matter occur at a show? If yes, was it raised with show management on the day of the show?			
Did this matter occur at a Club? If yes, has it been raised with the Club concerned?			
Has resolution been attempted between the parties prior to submitting this complaint to Governing Council?			
Have you commenced legal proceedings in relation to the defendant(s)?			
Within reason, what outcome are you seeking?			
Declaration	I declare that all information and evidence provi complaint notice is, to the best of my knowledg		
SIGNATURE OF APPLICANT	DATE		
GCCFSA shall only hear complain	nts relating to breaches of GCCFSA rules and/or c	odes of ethics.	
GCCFSA shall only deal with complaints concerning members of GCCFSA.			
-	on any complaint where there is a legal dispute, in ay be necessary to resolve the complaint or has be	_	
	ade between the complainant and the defendant (CCFSA reserve the right not to proceed with a hear	, ,	

For GCCFSA use only: OUTCOME REPORT			
Resolution outcome: defendant has 14 days to respond			
Referred to Governing Council if resolution is not reached: date of hearing			
Hearing outcome & recommendations			
Was an appeal lodged by defendant: date of appeal			
Appeal outcome			

Ver: 07/23