



Complaints Handling Reporting Form
(for LSV Member Protection Officer (MPO) to complete)

COMPLAINANT NAME:	
CLUB:	
DATE SUPPORT REQUEST FORM RECEIVED:	
LSV MPO Actioning Complaint:	
INDICATE TYPE OF ISSUE eg: Member to Member, Member to Club, Other (please specify)	
Date MPO Correspondence Actioned: ____ / ____ / ____	
ACTION TAKEN (please record action/s taken to resolve this issue including who was questioned and consulted - please attach all correspondence and paperwork):	
CONFIDENTIAL	
DATE COMPLAINANT NOTIFIED OF RESOLUTION: (copy of correspondence attached)	____ / ____ / ____
LSV MPO SIGNATURE:	