



**The Mend-A-Hose Jungle
Wheldon Road, Castleford
West Yorkshire, WF10 2SD**

☎ 01977 552 674

✉ info@castigers.com

🌐 www.castlefordtigers.com

How to submit a complaint

If you wish to submit a complaint to the club, please use this form and submit to the Main Office (Reception) or the address above.

COMPLAINTS PROCEDURE

A GUIDE TO OUR COMPLAINTS PROCEDURE

Castleford Tigers recognise that our own fans and those of other clubs have a right to a high level of quality service from staff and other representatives of the club at all times.

If this does not happen we acknowledge that they have the right to complain and express their grievance in a way which we will have to respond to in a timely and appropriate manner.

We will handle all complaints in line with our policy and we will have a proactive approach to these concerns and will pursue every opportunity to improve the quality and service, by acting on lessons learnt from our investigations.

Objectives to be achieved through having this procedure:

- To prompt a satisfactory resolution at the informal stage where possible.
- Consistent approach to concerns.
- Open approach to communication.
- Improvements can be made to facilities/services.
- Fairness to staff, club representatives and fans.
- Learning from complaints help to promote openness and reassurance that facilities and services are taken seriously.

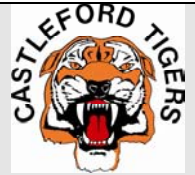
They identify any risks and may help to improve all of our fans experiences when visiting Castleford Tigers RLFC.



OFFICIAL CLUB POLICY DOCUMENT

Castleford Tigers is the trading name of Castleford Rugby League Football Club Ltd
Registered in England and Wales with company number 00214373.
The Mend-A-Hose Jungle, Wheldon Road, Castleford, West Yorkshire, WF10 2SD.
The VAT Registration Number is 181507372

INFORMAL COMPLAINTS FORM



DETAILS OF PERSON MAKING COMPLAINT

Mr/Mrs/Miss/Ms
FULL NAME

ADDRESS

POSTCODE

TEL NO

SIGNATURE

DATE

DETAILS OF PERSON TAKING COMPLAINT (STAFF)

FULL NAME

JOB ROLE

WITNESS DETAILS – if possible (inc name, contact details & summary)

COMPLAINT DETAILS

DATE OF INCIDENT

TIME (if known)

IS THE COMPLAINT RELATED TO: MATCH DAYS OR NON MATCH DAY

IS A RESPONSE REQUIRED: YES NO
(Please tick as applicable)

SUMMARY OF COMPLAINT

(Continue overleaf if needed)

**PLEASE SAY WHAT WOULD YOU LIKE TO SEE HAPPEN AS
A RESULT OF YOUR COMPLAINT?**

IS FURTHER ACTION REQUIRED? YES NO

IF YES, PLEASE PASS THIS FORM ON TO DARREN PAYNE FOR FURTHER INVESTIGATION

OTHER COMMENTS

LEARNING OUTCOMES (if applicable)

DATE COMPLAINT COMPLETED (and response sent if needed)

** PLEASE NOTE: Allegations of negligence and/or claims
for compensation against the club are not covered by this form.*

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