

COMPLAINT FORM – Solander Lake Bowls Club Inc.

Date:	
Entered By:	
Complainant Name:	
Member <i>(if known)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Member Number:
Area of Complaint <i>(Please specify)</i>	<input type="checkbox"/> Bar <input type="checkbox"/> Kitchen <input type="checkbox"/> Greens <input type="checkbox"/> Other
Specific Complaint:	
Action:	

