



Promoting **safe and healthy** cycling
Established 1980

Member Concern Request for Review

INSTRUCTIONS FOR SUBMISSION:

It is expected that Members report any concern directly to the Ride Leader for immediate resolution. A Request for Review should only be submitted if this is not possible or the concerns have been conveyed but not addressed. All details must be provided, including the Member name and contact information, witness names and details of the concern and/or incident resulting in the concern.

Please forward to ***** with all attachments.

Concern Type (Please circle)	Description:
HEALTH AND SAFETY	Club Health and Safety policies not followed
RIDE PRACTICES	Ride practices/policies not followed
INCIDENT	Incident occurrence related to the above or separate and not reported

A. Personal Member Information (MUST be completed for concern to be reviewed. Further information may be requested from the Member by the Review Committee)

Last Name	First Name
Telephone Number	E-mail Address

B. Incident Date(s) and Details

1. Describe the incident/concern:

2. Date(s) and hour(s) of incident(s) (If Applicable) dd mm yy -- AM PM 2. Who was the incident reported to:
Name: _____

3. Was the incident reported to the Ride Leader? Yes No Ride Leader Name: _____

4. If No, please explain why the Ride Leader was not informed:

5. Was the incident reported to any other Board member Yes No Name: _____

6. ~~Location where incident happened with address, if available (if applicable)~~ _____

7. Witnesses or others involved in this incident (witnesses may be approached for further information to assist with the investigation)?
 Yes No If yes, provide:
Name: _____ Contact Information: _____



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8. Any further details? Yes No If yes, please ensure concerns are documented. Please use a separate page, if required and attached to this form.

Form Completed by:

Name (PRINT)	Signature	Date
1.		