



**EQUESTRIAN SPORTS  
NEW ZEALAND**

**DATE FORMAL COMPLAINT RECEIVED:**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**ESNZ OFFICE USE ONLY**

**CONFIDENTIAL RECORD OF FORMAL COMPLAINT OR PROTEST**

Filed as per Chapter Nine of the ESNZ General Regulations. This form must be lodged with the applicable ESNZ Ground Jury or ESNZ ([complaints@nzequestrian.org.nz](mailto:complaints@nzequestrian.org.nz)) and a fee of \$50.00 payable to ESNZ – 06-0645-0074840-00. This form will remain confidential to the ESNZ Complaints Review Officer, the event Ground Jury and the Judicial Committee (as applicable).

<b>COMPLAINT OR PROTEST (AS PER ARTICLES 139 AND 140 OF THE ESNZ GRS):</b>	<input type="checkbox"/> Protest \$50	<input type="checkbox"/> Complaint during ESNZ Event \$50
		<input type="checkbox"/> Complaint out of competition \$50
<b>NAME OF PERSON LODGING PROTEST OR COMPLAINT:</b>	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
<b>CONTACT DETAILS:</b>	Phone:	Email:
<b>ROLE/POSITION OF PERSON LODGING PROTEST OR COMPLAIN:</b>	<input type="checkbox"/> Administrator (Volunteer) <input type="checkbox"/> Athlete/Rider <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (Paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____
<b>NAME OF PERSON/INCIDENT COMPLAINED/PROTESTED ABOUT:</b>	<input type="checkbox"/> Over 18 <input type="checkbox"/> Under 18	
<b>RESPONDENT'S ROLE/POSITION (IF APPLICABLE):</b>	<input type="checkbox"/> Administrator (Volunteer) <input type="checkbox"/> Athlete/Player <input type="checkbox"/> Coach/Assistant Coach <input type="checkbox"/> Employee (Paid) <input type="checkbox"/> Official	<input type="checkbox"/> Parent <input type="checkbox"/> Spectator <input type="checkbox"/> Support Personnel <input type="checkbox"/> Other _____
<b>DETAILS OF ALLEGED INCIDENT:</b>	Date:	
	Location:	
	Event/Class:	
<b>IF PROTEST, PLEASE DESCRIBE THE INCIDENT/ISSUE:</b>		



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<p><b>IF COMPLAINT, NATURE OF COMPLAINT: (CATEGORY/BASIS/GROUNDS)</b> TICK MORE THAN ONE BOX IF NECESSARY</p>	<table border="0"><tr><td><input type="checkbox"/> Harassment</td><td><input type="checkbox"/> Discrimination</td></tr><tr><td><input type="checkbox"/> Sexual/sexist</td><td><input type="checkbox"/> Disability</td></tr><tr><td><input type="checkbox"/> Sexuality</td><td><input type="checkbox"/> Child abuse</td></tr><tr><td><input type="checkbox"/> Race</td><td><input type="checkbox"/> Coaching methods</td></tr><tr><td><input type="checkbox"/> Religion</td><td><input type="checkbox"/> Verbal abuse</td></tr><tr><td><input type="checkbox"/> Pregnancy</td><td><input type="checkbox"/> Physical abuse</td></tr><tr><td><input type="checkbox"/> Selection dispute</td><td><input type="checkbox"/> Horse welfare</td></tr><tr><td><input type="checkbox"/> Personality clash</td><td><input type="checkbox"/> Victimisation</td></tr><tr><td><input type="checkbox"/> Bullying</td><td><input type="checkbox"/> Unfair decision</td></tr><tr><td></td><td><input type="checkbox"/> Other</td></tr></table>	<input type="checkbox"/> Harassment	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Sexual/sexist	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexuality	<input type="checkbox"/> Child abuse	<input type="checkbox"/> Race	<input type="checkbox"/> Coaching methods	<input type="checkbox"/> Religion	<input type="checkbox"/> Verbal abuse	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Selection dispute	<input type="checkbox"/> Horse welfare	<input type="checkbox"/> Personality clash	<input type="checkbox"/> Victimisation	<input type="checkbox"/> Bullying	<input type="checkbox"/> Unfair decision		<input type="checkbox"/> Other
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<p><b>METHODS (IF ANY) OF ATTEMPTED INFORMAL RESOLUTION:</b></p>																					
<p><b>PLEASE INDICATE IF YOU WILL BE SUPPLYING ADDITIONAL INFORMATION TO SUPPORT YOUR COMPLAINT OR PROTEST AND WHEN THE GJ/CRO CAN EXPECT TO RECEIVE THIS:</b></p>																					
<p><b>WITNESSES NAMES AND CONTACT DETAILS:</b></p> <p><b>PLEASE ALSO INDICATE IF THE WITNESSES WILL BE PROVIDING WRITTEN REPORTS AND/OR ATTENDING ANY HEARING THAT IS CONVENED.</b></p>																					

COMPLAINANT'S/PROTESTORS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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<b>IF INVESTIGATED:</b>	Finding:
<b>IF HEARD BY TRIBUNAL:</b>	Decision:
	Action Recommended:
<b>IF MEDIATED:</b>	Date of mediation:  Both/all parties present agreement:  Any other action taken:
<b>RESOLUTION:</b>	<input type="checkbox"/> On the day of competition <input type="checkbox"/> Less than 2 months to resolve <input type="checkbox"/> Between 3-8 months to resolve <input type="checkbox"/> More than 8 months to resolve
<b>COMPLETED BY:</b>	Name:  Position:  Date:  Signature:
<b>SIGNED BY:</b>	Complainant:
	Respondent:

**This record and any notes must be kept in a confidential and safe place.**

If the complaint is of a serious nature, or if it is taken to and/or dealt with at the national level, the original record must be provided to ESNZ and a copy kept with organisation where the complaint was first made.