



EQUESTRIAN SPORTS NEW ZEALAND

DATE STATEMENT OF COMPLAINT RECEIVED:

____/____/____

FSNZ OFFICE USE ONLY

RESPONSE TO COMPLAINT – Form C2

- Filed as per articles 139 and 140 of the ESNZ General Regulations.

To: Equestrian Sports New Zealand & the Complainant
(Please note that a copy completed form will be sent to the Complainant)

1. Complainant – (person that made the complaint)

Name: _____

2. Respondent – (Organisation and or the person the complaint refers to)

Name:		
Postal address:		
Email address:		
Contact details:	Cell:	Home:
Current financial member of ESNZ¹:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age:	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18 or older

3. The Respondent's view in relation to the complaint specified in the statement is

¹ ESNZ can only investigate complaints that are against its current members or affiliated organisations.

7. I have already taken the following steps to resolve this problem

8. **Signature of the Respondent**

Signature:

Print Name:

Date:

Please email this form to: nzef@nzequestrian.org.nz