

ZEN COMBAT ACADEMY LTD

FORMAL COMPLAINT FORM

Purpose of this form

Use this form to make a formal complaint under the Zen Combat Academy Ltd Complaints & Disciplinary Policy. A complaint may concern conduct, service, safety, equality or inclusion, a breach of Academy policy, or behaviour that may bring the Academy or martial arts into disrepute.

Submit to: support@zencombatacademy.co.uk

If there is an immediate risk of harm, a serious safeguarding concern, or a suspected criminal offence, do not wait for the complaints process. Follow the Academy safeguarding procedure and contact the appropriate statutory service or 999 where there is immediate danger.

1. YOUR DETAILS

First name	
Last name	
Relationship to Zen Combat Academy	☐ Student ☐ Parent/Carer ☐ Coach/Instructor ☐ Employee/Volunteer ☐ Other
Telephone number	
Email address	
Postal address	
Preferred method of contact	☐ Email ☐ Telephone ☐ Post
Reasonable adjustment or communication support required?	

2. COMPLAINT MADE ON BEHALF OF SOMEONE ELSE

Are you making this complaint on behalf of another person?	☐ Yes ☐ No
If yes, name of person	
Relationship to that person	
Have they consented to you acting on their behalf?	☐ Yes ☐ No ☐ Not applicable / unable to consent
Relevant student/member details (if applicable)	

3. WHO OR WHAT IS THE COMPLAINT ABOUT?

Complaint relates to	☐ Individual ☐ Coach/Instructor ☐ Class/Service ☐ Event/Competition ☐ Academy process ☐ Other
Name of individual(s), if applicable	
Role / class / discipline, if known	
Date of incident	
Time of incident	
Location / venue	

4. WITNESSES AND OTHER RELEVANT PEOPLE

Were there any witnesses?	☐ Yes ☐ No ☐ Not known
Names and contact details	

5. DETAILS OF THE COMPLAINT

Please describe what happened as clearly as possible. Include dates, times, locations, what was said or done, who was involved, and why you believe the matter should be considered under the Academy's Complaints & Disciplinary Policy. Continue on a separate sheet if more space is required.

6. EVIDENCE

Do you have evidence to support the complaint?	☐ Yes ☐ No
Evidence attached / available	☐ Emails ☐ Messages ☐ Photographs ☐ Video ☐ Documents ☐ Other
Please list the evidence and explain what it shows	

7. ACTION ALREADY TAKEN

Have you already tried to resolve the matter?	☐ Yes ☐ No
If yes, what steps have been taken and who was involved?	
Why has the matter not been resolved?	
Has the matter been reported elsewhere?	☐ Safeguarding Lead ☐ Police ☐ Local Authority ☐ Governing/Regulatory body ☐ Other ☐ No

8. OUTCOME SOUGHT

Please explain what outcome you would like Zen Combat Academy Ltd to consider. The Academy cannot guarantee a specific outcome, but your views will be considered when deciding how the complaint should be handled.

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9. SAFEGUARDING, SAFETY OR IMMEDIATE RISK**Does this complaint include a safeguarding concern or risk of harm?**☐ Yes ☐ No ☐ Unsure**If yes or unsure, please provide brief details****Is anyone in immediate danger now?**☐ Yes ☐ No ☐ Unsure**If yes, what immediate action has been taken?****10. CONFIDENTIALITY**

Zen Combat Academy Ltd will handle complaints as sensitively and confidentially as reasonably possible. Information may need to be shared with people who need it to investigate the complaint, protect a child or adult at risk, comply with the law, or respond to a serious safety or criminal concern.

Do you request particular confidentiality arrangements?☐ Yes ☐ No**If yes, explain your request and the reason****11. DECLARATION**

I confirm that, to the best of my knowledge, the information given in this form is accurate. I understand that Zen Combat Academy Ltd may contact me for further information and may share relevant information where necessary to investigate the complaint, meet safeguarding duties, protect individuals, or comply with legal obligations. Information will be handled in accordance with the Academy's privacy and data-protection arrangements.

Name**Signature****Date****FOR ZEN COMBAT ACADEMY LTD USE ONLY****Complaint reference**

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Date received	
Received by	
Safeguarding / emergency triage completed	☐ Yes ☐ No ☐ Not required
Acknowledgement sent	Date:
Case Manager / Investigator	
Initial decision	☐ Informal resolution ☐ Investigation ☐ Referred to safeguarding/statutory agency ☐ Outside scope ☐ Other
Next action / review date	