

Customer Complaint Form

1. Person submitting the complaint.

Title (Mr, Mrs etc)		
First name		
Surname		
Contact Number		
Contact e-mail		
2. If the complaina section.	ant is different to the person submitting the complaint, complete this	
Title (Mr, Mrs etc)		
First name		
Surname		
Date of Birth (if under	18)	
Contact Number		
Contact e-mail		
3. Details of your a	attendance at a Swim Ireland pool / facility.	
Date		
Time		
Type of session (public	swim,	
Learn to Swim, School,	Group,	
class)		
4. Detail / descrip eto carry out an i	tion of your complaint (please provide as much detail as possible to help nvestigation).	us

Please return this form to admin@swimireland.ie