



COMPLAINTS FORM

To be filled out by the Participant and submitted to the Director by post or email.

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|--|---|
| Participant Name: | Participant ID Number: |
| Telephone: | Date of Incident: |
| Course: | Type of Incident: Complaint <input type="checkbox"/> |
| Please describe the matter that you want to raise as a complaint | |
| | |
| Complaint Resolution- Please answer the Questions below then describe efforts made to resolve the issue around the complaint following our procedures: | |
| Have you discussed this with the person involved or the relevant member of staff or the trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Where that is not appropriate or not effective, the complaint can be discussed with the Director of Studies or Student Services & Administration Manager. Have you done this? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you are filling in this form, does this mean you are not satisfied with the suggested resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please explain: | |
| | |
| Participant Signature: | Date: |

For Office Use Only

| | | | |
|---|--|---|--|
| Follow up | | Date CIR | |
| Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Raised: | |
| CIR Raised by: | | Note: Please attach completed form and any other supporting evidence and submit with CIR to the Director within 24 hours. | |
| Signed: | | Date: | |
| CIR Received by the Director <input type="checkbox"/> Yes <input type="checkbox"/> No | | Allocated CIR No.: | |
| Our policy is to keep a register of complaints and appeals and report these to management meetings. | | | |
| Signature of the Director: | | Date: | |
| Complaints Form | | | |