

COMPLAINTS FORM



Complainant Name:

Date:

Provide full details of complaint (i.e. date, time, place, people involved, background information, attach any relevant documents if required)

What outcome(s) are you seeking from this complaint?

Have any action(s) been taken to resolve complaint? (provide details and include, who, what and when)

To be signed by complainant that the information provided is true and accurate

Signed:

Date:

COMPLAINTS FORM

Resolution sought		
Refund <input type="checkbox"/>	Meeting with Training Manager <input type="checkbox"/>	Other outcome (<i>please specify</i>) <input type="checkbox"/>
Outcome(s) from action(s) taken:		
Was the complaint resolved Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, detail any follow up actions		
Detail date and how the learner was advised of the outcome(s) from this complaint?		

When the complaint has been resolved, or no further action is needed or can be taken, this complaints form must be signed by the complainant to indicate that they have been advised of the outcome and by the Training Manager to state that the complainant has been informed.

Complainant

Signed:	Date:
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Training Manager

Signed:	Date:
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