

COMPLAINT FORM

Complainant Name: _____

Date: ____ / ____ / ____ Qualification (if applicable): _____

Email: _____ Mobile: _____

Date of the event that led to the complaint (if applicable): ____ / ____ / ____

Please provide details of complaint:

Resolution Details:

Complainant Signature: _____ Date: ____ / ____ / ____

Staff Member handling the complaint: _____

Signature: _____ Date: ____ / ____ / ____

Office Use Only			
Resolution Details:			
Tick	Action Required	Staff Initials	Date
	Form submitted		
	Logged in Complaints and Appeals database		
	Form received by Administration		
	Attachments to this complaints (where applicable)		
	Improvements logged in CI Register		
	Resolution Achieved		