



# Complaints Form

Course Title \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_ Date of complaint \_\_\_\_\_

Describe in detail and accurately the nature of your complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the name of the person you first reported the complaint to

\_\_\_\_\_

Describe what actions can be taken in order to deal effectively with your complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what measures can be taken to avoid a repeat of your complaint

\_\_\_\_\_  
\_\_\_\_\_

Signature of the Complainant \_\_\_\_\_ Date \_\_\_\_\_

Complainant recorded by \_\_\_\_\_ Date \_\_\_\_\_