

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
<input type="checkbox"/>	Form submitted		
<input type="checkbox"/>	Logged in Complaints and Appeals database		
<input type="checkbox"/>	Form received by Administration		
<input type="checkbox"/>	Attachments to this complaints (where applicable)		
<input type="checkbox"/>	Improvements logged in CI Register		
<input type="checkbox"/>	Resolution Achieved		