**Complaints Handling Form**

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| --- | --- | --- | --- |
| **Surname**: |  | **Title:** |  |
| **First Given Name:** |  |
| **Course title:** |  |
| **Trainer / Assessor:** |  |
| **Date of occurrence:** |  |
| **What is your complaint? Explain your reasons for completing this form** |  |
| **Occurrences leading up to this complaint submission:** |  |
| **What outcomes are you seeking or do you expect to come from your complaint?** |  |
| **Can we improve our systems to avoid these situations in the future?** |  |

By signing this form, I certify that the information provided is true and correct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_