

COMPLAINTS FORM

Surname:	
Given Names:	
Course title if applicable:	
Trainer / Assessor if applicable:	
What is the reason for your complaint?	
What is the name of the parties involved?	
What date or dates did this issue occur?	
What would you like the outcome of this complaint to be?	
How can we improve our systems to ensure this doesn't happen again?	

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

Signed: _____ Date: ____ / ____ / ____