

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

- Form submitted _____ (Staff initial & date)
- Logged in Complaints database _____ (Staff initial & Date)
- Form received by Administration _____ (Staff initial & Date)
- Attachments to this complaints _____ (Staff initial & Date)
- Improvements logged in CI Register _____ (Staff initial & Date)