

COMPLAINTS FORM

To be filled out by the Participant and submitted to the CEO by post or email.

Participant Name:	Participant ID Number:
Telephone:	Date of Incident:
Course:	Type of Incident: Complaint <input type="checkbox"/>
Please describe the matter that you want to raise as a complaint	
Complaint Resolution- Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:	
Have you discussed this with the person involved or the relevant member of staff or the trainer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where that is not appropriate or not effective, the complaint can be discussed with the Operations & Marketing Manager or CEO Have you done this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are filling in this form, does this mean you are not satisfied with the suggested resolution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain :	
Participant Signature:	Date:

For Office Use Only

Follow up		Date CIR	
Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Raised:	
CIR Raised by:		Note: Please attach completed form and any other supporting evidence and submit with CIR to the Operations & Marketing Manager within 24 hours.	
Signed:		Date:	
CIR Received <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIR No.:	
Our policy is to keep a register of complaints and appeals and report these to management meetings.			
Signature of the CEO :		Date:	
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