# Complaints and Appeals Form

Name:

Contact Details:

Date: / /

Staff member responsible for dealing with the complaint/appeal

Nature of the Complaint/Appeal

Please provide a detailed description of the events surrounding the complaint/appeal, including relevant dates

What do you propose would be a satisfactory resolution?

Please attach any supporting documentation

Complainant/Appellant Signature

Date / /

OFFICE USE ONLY:

Date Received / /

Action Taken

Agreed Outcome

❑ Complainant/Appellant has been notified of the outcome in writing and advised of their options from here

Training Manager Signature

Date / /