

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:	
Can you tell us what area the complaint is about	The College <input type="checkbox"/>	The premises or equipment <input type="checkbox"/>	Staff member <input type="checkbox"/>	Trainer /Assessor <input type="checkbox"/>
	Work placement <input type="checkbox"/>		Another student <input type="checkbox"/>	Other <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 a 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 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:				
Please make sure that you read the complaints policy and procedure in the Student Handbook and follow that procedure. We will treat your complaint following the procedure and communicate with you about this.				
Participant Signature:			Date:	