Appendix B

Complaint Form

Please complete and return to ……………………………………………………….(Centre Manager/Proprietor) who will acknowledge receipt and explain what action will be taken.

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| Your name: |
| Student’s name (if applicable): |
| Your relationship to student (if applicable) |
| Address:  Postcode:  Daytime telephone number:  Evening telephone number: |
| Please give details of your complaint: |
| What action, if any, have you already taken to resolve your complaint. Who did you speak to and what was the response? |
| What actions do you feel might resolve the situation at this stage? |
| Are you attaching paperwork? If so please give details. |
| Signature:  Date: |
| **OFFICIAL USE**  Date acknowledgement sent:  By who:  Complaint referred to:  Date: |