|  |  |
| --- | --- |
| **Personal details** | |
| **Date and location** |  |
| **Learner Full Name** |  |
| **Learner ID number** |  |
| **Department** |  |
| **Course title / Instructor** |  |
| **Address for correspondence in connection with the complaint** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Main area of complaint (select from the options provided)** | **Reception/registration**  **Training/Assessment**  **Training Facilities**  **Welfare facilities**  **Catering arrangements /food**  **Discrimination and human rights**  **Harassment**  **Staff (academic or support)**  **Other (please specify).........................................................................** |

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| --- | --- |
| Outline of complaint:  *Please provide a clear, concise outline of your complaint including any dates on which events took place and any evidence you are providing to support your complaint.* | |
|  | |
| Please indicate, without prejudice, what resolution or further action you are seeking | |
|  | |
| Learner Name and signature |  |

**Center Manager / Receiver Name and signature**

**Date Received :**