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| --- |
| **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 :**