

## Formal Complaint Record Form

### Part A

Complainants Details								
Name					Date			
Address								
City				Postcode				
Home Tel No.				Mobile No.				
E-mail								
Role <small>(Please tick)</small>	Commercial Learner	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Other <small>(Please state)</small>	<input type="checkbox"/>

Complaint Details	
<p><i>Please use the space below to record your complaint including an account of the informal complaint you made verbally</i></p> <div style="border: 1px solid black; height: 350px; width: 100%;"></div>	
Complainants Signature:    Date:	<p><b><u>Please note</u></b></p> <p>By signing, you are agreeing that the information contained within this form is a true and accurate account of your complaint.</p>



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**Part B**

Response			
Quality & Compliance Manager Name		Area Manager Name	
<i>Please use the space below to record the discussion between the Quality &amp; Compliance Manager and the Manager responsible for the area in which the complaint was made</i>			

Actions			
No.	Action	Owner	Target Date
<u>Notes</u>			
Quality & Compliance Manager Signature:		Area Manager Signature:	
Date:		Date:	

