|  |  |
| --- | --- |
| **Date of Complaint** |  |
| **Name of Complainant** |  |
| **Title of Complainant** | Client / Trainer / Employee / Work placement Supervisor |
| **Contact Details** |  |

**This document should be attached to the Complaints & Appeals Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments**: | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Complainants Signature:** |  | **Date:** |  |
| **Staff Member’s Signature:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| Copy given to complainant | YES / NO | Date: |
| Complaints & Appeals Form attached | YES / NO |  |