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| **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**

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

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