

Received By:	
Date:	

Student ID:			
Family Name:		First Name:	
Course Enrolled:			
Current Address:			
Contact Number:		Email:	

Please provide a typed statement about your concern in full, giving as much detail as possible, include extra pages if necessary:

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Have you tried to resolve the complaint with your trainer/relevant person(s)? ☐ YES ☐ NO

What is the desired outcome which you believe would settle/resolve this complaint?

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Student Signature:		Date:	
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Action(s) taken:			
Forward / Escalated to:			
Outcome sent to student:			
Follow up date:			
Staff Signature:		Date:	