

Complaints Report Form

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	