

Complaints Form

SECTION 1 – Personal Details			
Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Address:		Post Code:	
Email:		Tel/ Mobile:	
SECTION 2 – Course / Unit / Module Details			
Code/Title:		Date:	/ /
SECTION 3 – Complainant Declaration			
<p>I have read and understood the LTTV Complaints and Appeals Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that LTTV may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.</p>			
Signature:		Date:	/ /
SECTION 4 – Complaint Details			
Please tick the following areas to which your complaint relates:			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour	
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation	
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Other (please specify):			
Does your complaint involve another person (e.g. Trainer/Assessor/other participant)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide their name:			
Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:			
Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

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SECTION 4 – Complaint Details Continued				
Please outline the nature/circumstances of your complaint:				
What actions have you taken, in an attempt to resolve this matter:				
What action/resolution would you like to see occur/implemented:				
Admin Use Only				
<input type="checkbox"/> Complaint Form received (Admin)	Initial	_____	Date:	/ /
<input type="checkbox"/> Complaint forwarded to Operations Manager	Initial	_____	Date:	/ /
<input type="checkbox"/> Complaint recorded (Register)	Initial	_____	Date:	/ /
<input type="checkbox"/> Letter of Acknowledgment sent	Initial	_____	Date:	/ /
Note: Use “Complaints Progress Form” to record further actions regarding this Complaint.				