

# Complaints Policy

## Appendix 1

### Record of Complaint

Name of Individual making the complaint: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Nature of complaint:

Resolution Agreed:

Signed Complainant: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by Training Manager: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix 2

### Referral of Complaint

Date of referral: \_\_\_\_\_

Training Managers Name: \_\_\_\_\_

Nature of complaint:



Date Referred to Head of Assessment Centre: \_\_\_\_\_

Actions agreed:



Signed off by Training Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Complainant: \_\_\_\_\_

Date: \_\_\_\_\_