# Complaints Form

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| --- | --- |
| First name |  |
| Surname |  |
| Email |  |
| Contact number |  |
| Please select the category that best describes your role in this complaint | Learner  Partner  A parent  Other (please specify): |
| What does your complaint relate to? | My apprenticeship  My training course  Business consultancy project  Online learning  Other (please specify): |
| Are any reasonable adjustments required? | Yes  No  If yes, please specify details: |
| Please provide details of your complaint below | |
|  | |
| Please provide / attach any supporting evidence you feel is necessary | |
|  | |
| What actions have you taken, if any, to try and resolve your complaint? | |
|  | |
| Please advise how you would like us to respond to your complaint? | By phone  By email |
| How would you like us to resolve your complaint? | |
|  | |
| I confirm I have read the Complaints Policy and am aware of the associated timescales | Yes  No |
| Signed |  |
| Date (DD/MM/YYYY) |  |