

Section 1: To be completed by complainant		PLEASE USE BLOCK CAPITALS	
First Name:	<input type="text"/>	Surname:	<input type="text"/>
Email:	<input type="text"/>	Mobile:	<input type="text"/>
Course Title:	<input type="text"/>		
Tutor(s)	<input type="text"/>		
Date of Incident	<input type="text"/>		

[illegible]

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P9 S13 C1a Complaint Form - Event Level



Section 3: Previous Action

In an attempt to resolve my complaint locally I have already communicated with the following people:

This is what happened and why it did not resolve my complaint:

Section 4: Resolution – Complainants View

Please describe how you feel your complaint would best be resolved:

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Section 5: Confirmation

Please sign below to confirm:

- ☐ That you have already tried to resolve the matter informally
- ☐ That you have submitted all relevant information/supporting documentation relevant to your complaint
- ☐ That you have read and understood the Student Complaint Policy and Procedure, and that the information you have provided is factually correct
- ☐ That you understand the information will be disclosed to the person/s against whom you have made a complaint, and may be provided to others, along with the recipient of the form. Disclosure will be to those with a legitimate access requirement only
- ☐ That you understand that the outcome of the complaint process is private and confidential

Signature:

Date:

Section 6: To be completed by staff member

Name of staff member dealing with the complaint

Date complaint was brought to your attention:

Notes:

By submitting this Form, you hereby agree that Forus Training may collect, obtain, store and process your personal data that you provide in this form for the purpose of resolving the issue as described in this Form and/or for receiving updates, news, promotional and marketing mails or materials from the Company and/or the associate Company. For the avoidance of doubt, Personal Data includes all data defined within the Personal Data Protection Act 2010 including all data you had disclosed to the Company in this Form.

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