

Complaint Form

Name of complainant:	
Employer (company) name:	
Phone number:	Date of incident:
Address:	Qualification title:
Student name(s):	
Mentor name:	

Describe the nature of the complaint:

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Describe any efforts made to resolve the complaint:

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What would be your desired outcome?

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Office use only

Response sent in writing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference number:
Noted in continuous improvement register: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Signed:	

Please email quality&compliance@spectra-training.com, post or fax to Spectra Training to the attention of the Quality & Compliance Manager.