## **Complaints Report Form**



Date of Complaint	
Name of Complainant	
Title of Complainant	Client / Trainer / Employee / Work placement Supervisor
Contact Details	

This document should be attached to the Complaints & Appeals Form

Comments:			
Complainants Signature:		Date:	
Staff Member's Signature:		Date:	
Copy given to complainant	YES / NO	Date:	
Complaints & Appeals Form attached	YES / NO		