

# Learner Complaints Form

Learners must complete this form and submit it to the Designated Complaints Officer within 14 days of the end of the course/programme.

Learner's name	
Address	
Email address	
Contact number	
Date of course/programme	
Date complaint submitted	
Name of staff member against whom the complaint is being made	

Describe the reasons for your complaint as fully as possible. Please include **copies** of any associated documents (e.g., learner evidence, record of achievement, observation checklists, feedback from the assessor etc.). Learners should retain a copy of this form.

Reason for the complaint	
Learner signature	Date

**To be completed by the Designated Complaints Officer.**

Date of complaint investigation			
Investigation details			
<b>Outcome (tick one only)</b>			
Complaint upheld			<input type="checkbox"/>
Complaint not upheld			<input type="checkbox"/>
Where the complaint is upheld, please indicate subsequent remedial action			
Designated Complaints Officer signature		Date	
Learner signature <sup>1</sup>		Date	

<sup>1</sup> Signing this form does not necessarily indicate agreement with the decision but is an acknowledgement of receipt of the outcomes.