

COMPLAINTS FORM

To be filled out by the Participant and submitted to the Director by post or email.

Participant Name:	Participant ID Number:
Telephone:	Date of Incident:
Course:	Type of Incident: Complaint <input type="checkbox"/>
Please describe the matter that you want to raise as a complaint	
Complaint Resolution- Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:	
Have you discussed this with the person involved or the relevant member of staff or the trainer ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where that is not appropriate or not effective, the complaint can be discussed with the Training Manager. Have you done this ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are filling in this form, does this mean you are not satisfied with the suggested resolution ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain :	
Participant Signature:	Date:

For Office Use Only

Follow up		Date CIR	
Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Raised:	
CIR Raised by:		Note: Please attach completed form and any other supporting evidence and submit with CIR to the Director within 24 hours.	
Signed:		Date:	
CIR Received by the Director <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIR No.:	
Our policy is to keep a register of complaints and appeals and report these to management meetings.			
Signature of the Director:		Date:	
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ASSESSMENT APPEALS FORM

To be filled out by the Participant and submitted to the Director by post or email.

Participant Name:		Participant ID Number:		
Telephone:		Date of Appeal :		
Course:		Request for remark <input type="checkbox"/>		
		Request for formal appeal against remark <input type="checkbox"/>		
Please list the assessment task or project that has been marked and the result that is the assessment appeal:				
Assessment task	Date submitted	Date of result	Result	Trainer / Assessor who marked your work
Reasons for your appeal /request for remarking :				

Assessment Appeal Resolution - Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:		
Have you discussed the first assessment feedback or results with the trainer within 14 days of the result date.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome /what has happened ?
Has the assessment been resubmitted within 14 days and remarked (2 nd time) by the trainer/assessor ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome /what has happened ?
OR Has the assessment been resubmitted within 14 days and remarked (2 nd time) by another assessor?		
If you are filling in this appeal form, does this mean you are still not satisfied with the 2 nd set of results and seek a review of the decision. This request will be considered by the Training Manager and Director.	<input type="checkbox"/> Yes <input type="checkbox"/> No	You must submit this request within 28 days of the date of the 2 nd time remarked results. Note: The decision will be recorded in writing and you will be informed within 28 days of that meeting.
Please send a separate letter or email to the Director if you wish to add more details.		
Participant Signature:		Date:

For Office Use Only

Follow up		Date CIR	
Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Raised:	
CIR Raised by:		Note: Please attach completed form and any other supporting evidence and submit with CIR to the Director within 24 hours.	
Signed:		Date:	
CIR Received by the Director <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIR No.:	
Our policy is to keep a register of complaints and appeals and report these to management meetings.			
Signature of the Director:		Date:	
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