	<h2>Complaints Form</h2>	Form No: TDF027 Issued: 03/06/2015
Authority Managing Director	<b>Electronic version current</b> <b>Uncontrolled copy valid only at time of printing</b>	Printed: 11/08/16 10:15 AM

<b>Complaints Form</b>	CIAR No.
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<b>SECTION 1 – Personal Details</b>
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<b>Name:</b>		<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<b>Address:</b>		<b>Post Code:</b>	
<b>Email:</b>		<b>Tel/ Mobile:</b>	

<b>SECTION 2 – Course / Unit/ Module Details</b>
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<b>Code/Title:</b>		<b>Date:</b>	/ /
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<b>SECTION 3 – Complainant Declaration</b>
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I have read and understood the Robson Environmental Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Robson may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

<b>Signature :</b>		<b>Date:</b>	/ /
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<b>SECTION 4 – Complaint Details</b>
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Please tick the following areas to which your complaint relates:

<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach
<input type="checkbox"/> Other :		


Does your complaint involve another person (e.g. Trainer/Assessor/other student)?     YES     NO

If yes, please provide their name:

Does your complaint involve witnesses?     YES     NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Tel/Mobile:</b>	<b>Tel/Mobile:</b>

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Please outline the nature/circumstances of your complaint:

What actions have you taken, in an attempt to resolve this matter:

What action/resolution would you like to see occur/implemented:

**Admin Use Only**

<input type="checkbox"/> Complaint Form Received (Admin)	Initial	Date:	/	/
<input type="checkbox"/> Complaint Lodgement recorded (Register)	Initial	Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	Date:	/	/
<input type="checkbox"/> Complaint Forwarded to Director	Initial	Date:	/	/

<b>Job Number:</b>		<b>CIAR Number:</b>	
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**Note: Use TDF028 – Complaints Progress Form to record further actions regarding this Complaint.**