

## COMPLAINTS FORM

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

<b>Participant Name:</b>	<b>Participant ID Number:</b>
<b>Telephone:</b>	<b>Date of Incident:</b>
<b>Course:</b>	<b>Type of Incident: Complaint</b> <input type="checkbox"/>
<b>Please describe the matter that you want to raise as a complaint</b>	
<b>Complaint Resolution- Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:</b>	
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	
<b>Please explain :</b>	
<b>Participant Signature:</b>	<b>Date:</b>

### For Office Use Only

<b>Follow up</b> Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date CIR Raised:</b>	
<b>CIR Raised by:</b>	Note: Please attach completed form and any other supporting evidence and submit with CIR to the Director within 24 hours.	
<b>Signed:</b>	<b>Date:</b>	
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.		
<b>Signature of the Director:</b>	<b>Date:</b>	
2.4 ADM_14 Complaints and Assessment Appeals Form v2 FINAL.doc		

## 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 :				

<b>Assessment Appeal Resolution - Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures:</b>		
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 <sup>nd</sup> 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 <sup>nd</sup> time) by another assessor?		
If you are filling in this appeal form, does this mean you are still not satisfied with the 2 <sup>nd</sup> 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 <sup>nd</sup> time remarked results. Note: The decision will be recorded in writing and you will be informed within 28 days of that meeting.
<b>Please send a separate letter or email to the Director if you wish to add more details.</b>		
Participant Signature:		Date:

### For Office Use Only

<b>Follow up</b>		Date CIR	
Continuous Improvement Request Raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Raised:	
<b>CIR Raised by:</b>		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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