## **COMPLAINTS FORM**

## **PARTICIPANT DETAILS (Complainant)** Name: \_\_\_\_\_ Serial No: \_\_\_\_\_ Work Contact No.: \_\_\_\_\_ Location: Course: \_\_\_\_\_ Complaint Details Details of Complaint are: Signature: **OFFICE USE** Date Complaint form received: \_\_\_\_/\_\_\_/ Complaint Managed by Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date Complaint resolved/Complainant notified: \_\_\_\_/\_\_\_/ Warning! – Uncontrolled when printed! The current version of this document is held in EDRMS. Maintained By: Manager, C&SA Unit Current Version: 27/04/2015 v8.0

Review Date: 30/03/2018

Document Number: D09/073982 BFCSA - Complaints & Appeals Policy & Procedure-attachment 1