

## Complaint Form

*This form is to be used by any party who wishes to make a formal complaint to Training Masters in writing.*

<b>Name (Optional):</b>
<b>Phone (Optional):</b>
<b>Date:</b>
<b>Details of Complaint. Tick where applicable (you can select multiple).</b>
Training <input type="checkbox"/> Assessment <input type="checkbox"/> Resources <input type="checkbox"/> Training Service <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Student Service <input type="checkbox"/> Treatment <input type="checkbox"/> System <input type="checkbox"/> Agent <input type="checkbox"/>
<b>Details of Complaint:</b>
<hr/> <hr/> <hr/>
<b>What action or response would you like to be done to resolve the complaint?</b>
<hr/> <hr/> <hr/>
<b>Details of Actions Taken to resolve Complaint (To be completed by Training Masters).</b>
<b>Staff Name:</b> _____ <b>Signature:</b> _____ <b>Date:</b> _____
<b>Detail the response or actions Training Masters has taken to resolve the complaint.</b>
<hr/> <hr/> <hr/>

Office use only			
<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>