COMPLAINTS FORM

PARTICIPANT DETAILS (Complainant)

Name: _____ Serial No: _____

Contact No.: _____ Work Location:_____

Course: _____

Complaint Details

Details of Complaint are:

_____

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Signature: _____

OFFICE USE

Date Complaint form received: ____/_____/____

Complaint Managed by Name: _____

Position: _____

Date Complaint resolved/Complainant notified: ____/_____/____