



## Complaints Handling Form

<b>Surname:</b>		<b>Title:</b>	
<b>First Given Name:</b>			
<b>Course title:</b>			
<b>Trainer / Assessor:</b>			
<b>Date of occurrence:</b>			
<b>Reason for your submission:</b>			
<b>Occurrences leading up to this submission:</b>			
<b>What outcomes are you seeking or expect:</b>			
<b>Can we improve our system to avoid these situations in the future:</b>			

By signing this form, I certify that the information provided is true and correct.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



<b>LCA Action</b>	
Action to be taken:	
CI Register No:	To be followed up by:
Sign:	Date: