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| Written Complaint Record Form |  |

**Name of Complainant:**

**Home address:**

**Post Code: Telephone Number:**

**Have you already tried to resolve this complaint verbally?**

**Yes/No** (Please indicate)

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**By completing this form, you are making a written complaint, which will be investigated by a member of the College Leadership Team and logged by the Quality and Compliance Manager.**

**Nature of complaint:**

(You should include details of date(s), time, place and people involved and highlight exactly why you are making a complaint)

 Please continue to write as this box will expand 🡪

**Desired outcome**: (What would you like to happen as a result of your complaint?)

Signed: Date: