**Complaints Handling Form**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Bethel Training Institute Action** | | |
| Action to be taken: | | |
| CI Register No: | To be followed up by: | |
| Sign: | | Date: |