

# Complaint Form

Name of complainant .....

Address .....

Contact Phone .....(home) .....(mobile)

Nature of the complaint (Please describe who or what the complaint is about)

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Please hand the complaint form to the Programme Supervisor. Your complaint will be treated in confidence; however the matter will need to be discussed with the parties involved to resolve the matter. If the Programme Supervisor cannot resolve your complain, you will be contacted by the programme coordinator to discuss the situation further. If the complaint has still not been resolved Management will be notified and steps will be taken until all parties are satisfied.

Signed by the complainant ..... Date .....

**To be signed by the following once the complaint has been resolved**

Signed by the Complainant ..... Date .....

Signed by the Programme Supervisor ..... Date .....

Signed by the Programme Coordinator ..... Date .....

Signed by Management (if required) ..... Date .....