



Complaint Form

Date: _____

Complainant's Information:

Student Name: _____ Student D.OB: : _____

Mailing Address:

Home Phone: _____ Mobile: _____ Email:

Incident / Complain Information:

Date(s) of Incident: _____ Time of Incident: _____

Place of Incident:

Details of complaint, issue, concerns, and/or incident:

(Use back of page if more space is needed)

Name of course and/or instructor involved:

(If Applicable)

Names and phone numbers of possible witnesses:

Complainant's Signature:

After completion, return this form to the appropriate Administrator for review. Or send to

Advance Training Academy
Space house
Abbey road
Park royal
London
NW10 7SU

Email: info@advancevancetraininguk.com

(Resolution sought by Complainant: *(Please keep in mind that the outcome you are suggesting is not guaranteed.)*

Please note: You will get a response within 14 working days. If you are not satisfied with the outcome, You can appeal within 7days.

OFFICE USE ONLY:

OFFICE OR PERSON WHO FURNISHED THIS FORM:

RECEIVED BY: _____ DATE RECEIVED: _____

ACTION TAKEN:

Investigation outcome

Name:

Position:

DATE:
