



Formal Complaint Form

All information provided by you on this form is confidential. Before completing this form, please ensure that you have read the QA Complaints Policy and process.

Complete this form as fully as you can and keep a copy of the completed form for your own records.

1. COMPLAINANT DETAILS		
Complainant name:	Complainant Email Address:	Complainant Contact Number:
Employer:	Course Name:	
2. ACCESS		
Do you have a disability? Yes/No		
Will you require any support or adjustments throughout the complaints process? Yes/No		
If yes, please provide details of the support required here. You do not have to disclose the nature of your disability.		
3. COMPLAINT		
Have you tried to resolve the concerns you have prior to submitting this formal complaint? Yes/No		
If yes, please outline the steps you have taken, including the names of staff you have approached and when.		



4. NATURE OF COMPLAINT

Please summarise your complaint in 3 key areas

5. EVIDENCE AND FULL DETAILS

Please list and attach any evidence you have in support of your complaint.



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6.	RESOLUTION
What resolution are you looking for and why do you believe this resolution is appropriate?	
7.	DECLARATION
<ul style="list-style-type: none">• I confirm that I have read and understood the Complaints Policy.• I confirm that all the information provided on this form is a true and accurate version of events that have taken place.• I confirm that I am attaching copies of all the evidence that I intend to rely on to support my case.	
Learner Signature: _____ Date: _____	

Please return the completed form to:

QAacomplaints@qa.com



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For QA Use Only:

Formal Complaint Form Received Date:	
Investigated by: Name and Job Title:	
Action Taken:	
Date Resolved:	