



## Complaints

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The completed Complaints Form should be marked “CONFIDENTIAL” and sent in a sealed envelope to:- **Regional Training Manager c/o your local Regional HIA Office**

**Participant Details**

**Name** .....

**Address** .....

**Phone** .....

**Email** .....

**Course name**..... **Course start date**.....

*If you feel that you are unable to take this matter up directly with us, you may choose another person to discuss the complaint on your behalf. Please provide the name and contact details of the person who may be acting on your behalf.*

**Name** .....

**Contact details** .....

**Please describe your complaint. (Attach extra pages if necessary)**

**What have you done to resolve your complaint? (Attach extra pages if necessary)**

What resolution are you seeking?

Signature

Date:

*Office Use Only*

**National Audit  
and Compliance  
Manager**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this complaint been recorded in the Complaints Register?  Yes  No

Has an acknowledgement letter been sent out?  Yes  No

Who is the appropriate Manager to resolve this complaint?

\_\_\_\_\_

Has the appropriate Manager been notified?  Yes  No

Signature

**Manager**

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has this complaint been resolved?  Yes  No

If Yes, what action was taken?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If No, what further action is required?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the above action now been taken?  Yes  No

Has the participant been notified of the outcome?  Yes  No

Has the final outcome been recorded in the Complaints Register?  Yes  No

*Sign only when fully  
resolved.*

Signature

Date: