

## COMPLAINT FORM

Please complete and return to King Stage Academic Manager (complaints co-ordinator) who will acknowledge receipt and explain what action will be taken.

COMPLAINT FORM
Name:
Batch / Course enrolled:
Address:
Postcode:
Contact telephone number:
Email:
Please give details of the complaint:
What action, if any, have you already taken to try and resolve your complaint. (Who did you speak to and what was the response)?
What actions do you feel might resolve the problem at this stage?

Are you attaching any paperwork? If so, please give details.
Signature:
Date:

**OFFICE USE ONLY**

Date acknowledgement sent:
By who:
Complaint referred to:
Date: