**C**omplaints Form

Please complete this form concerning the nature of your complaint. Please keep a copy of this form and return the original to MITSkills. Email to [Admin@mitskills.com](mailto:Admin@mitskills.com)

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| **Name** | **Employer’s Name** |
| **Centre** | **Learning Programme** |

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| **Details of Complaint**: *Please indicate written or verbal complaint* |

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| --- | --- |
| **Submitted to** | **Learner’s Signature** |
| **Office Signature** | **Date** |

Post to; Head of Delivery, M.I.T. Skills, 12 - 13 Camphill Industrial Estate, West Byfleet, Surrey

KT14 6EW

Office Use Only

Source of Complaint: ………………………………………………………………………………….......…

Training Co-ordinator: ……………………………………......……… Ref……….......................……