**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

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

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

|  |  |
| --- | --- |
| **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……….......................……