

## **Complaints / Malpractice Reporting Form**

Please refer to either Appeals policy, Complaints policy or Malpractice/Maladministration policy before completing this form.

Section 1 should be completed by, or on behalf of, the complainant			
Centre name	Click here to enter text.		
Learner Name	Click here to enter text.		
Qualification Title	Click here to enter text.		
Date of suspected incident	Click here to enter text.		
WTC personel you are reporting the complaint to	Click here to enter text.		
Date you are reporting complaint	Click here to enter text.		
Details of person complaint being made about	Click here to enter text.		

1. Please indicate why you are making a complaint.

Click here to enter text.

2. Please provide narrative of the circumstances of the complaint:

Click here to enter text.

3. Please provide any details of supporting information (if available), and attach a copy.

Click here to enter text.

Section 2 should be completed by the tutor/Head of centre		
Tutor/ Head of Centre name	Click here to enter text.	
Date complaint received	Click here to enter text.	

Information entered onto	Yes / No	
the complaints record	res / No	

## **Declaration:**

I confirm that the information provided above is accurate:

Signature*:		Date:	Click here to enter a date.
Position in Centre:	Click here to enter text.		
E-mail:	Click here to enter text.	Contact Number:	Click here to enter text.

Note: Please refer to Privacy Policy to understand how your complaint will be managed with regard to Privacy.