

**COMPLAINTS FORM**

# This form is used to record and obtain reasons relating to your complaint

# CONTACT DETAILS

Name:

Organisation:

Address:

Contact Number:

Email:

If you are making complaint on behalf of someone else, please provide their details below.

**NATURE OF COMPLAINT**

Service:

Date of Service:

Subject / Team:

[ ]  Communication Delays [ ]  HfL Employee

[ ]  Service Turnaround Times [ ]  Service Value

[ ]  Outcome of Findings [ ]  Report Delays

[ ]  Fluency relating to the delivery of service

Other, please advise:

**SUMMARY OF COMPLAINT**: Please provide detailed information to facilitate investigation.

**WHAT WOULD RESOLVE THE COMPLAINT**: Please ask the complainant to provide details on their desired outcome. .

# OFFICE USE ONLY

Complaint Taken by:

Date Received:

Action Taken: Account Manager:

**Please save a copy for your records and return this completed form by email to the Admin Support Manager to** **info@hertsforlearning.co.uk**

Alternatively send to:

Herts for Learning Ltd

Robertson House

Six Hills Way

Stevenage

SG1 2FQ