

Log Number _____

Academic Year: _____

Record of Formal Learner Complaint

Complaint made by: Learner/Parent/Employer/Other

Name:

Date:

Address:

Postcode:

Telephone Number:

Course/Class Programme:

If no written complaint attached, give brief description and complete form on behalf of learner:

For internal use only:

Area of Complaint:			
Assessment <input type="checkbox"/>	Course organisation <input type="checkbox"/>	Disability related <input type="checkbox"/>	Dissatisfaction with advice given <input type="checkbox"/>
Examination administration <input type="checkbox"/>	Inappropriate guidance leading to wrong course <input type="checkbox"/>	Non-availability of progression route <input type="checkbox"/>	Other <input type="checkbox"/>
Mode of contact:			
Written	Personal	Telephone	
Stage 1			
a) Acknowledgement and complaints procedure sent	<input type="checkbox"/>	Date	Day 0
b) Passed for attention to:			
APQILS	<input type="checkbox"/>	Date	Day 2
Stage 2			
a) Initial Findings received from Investigating Officer	<input type="checkbox"/>	Date	
b) Progress letter 2 if required	<input type="checkbox"/>	Date	
c) Draft response from APQILS	<input type="checkbox"/>	Date	Day 17 (or 27)
Stage 3			
a) Final response sent	<input type="checkbox"/>	Date	Day 22 (or 32)
Stage 4			
Completion:			
a) Client satisfied	<input type="checkbox"/>	Date	
b) Client not satisfied and appeal received by Principal	<input type="checkbox"/>	Date	Day 27 (or 37)
c) Final decision of Principal	<input type="checkbox"/>	Date	Day 42 (or 52)