

QAF 007 COMPLAINT FORM

This form should be completed by the person wishing to make a formal complaint. It should be used only after an informal discussion has taken place.

Name of CAA-Registered Training Provider:

Number:

Please state details of the complaint:

Please give details of the initial discussion that has taken place:

Who was engaged in the discussion?

When did the discussion take place?

By returning this form I consent that the CAA may hold my details for the purpose of this complaint as detailed in the Quality Assurance Framework Policies Document.

Signature:

Date of signature:

Investigating Officer:

Summary of information obtained:

Outcome of complaint:

Next step:

Signature:

Date of signature:

Complainant acknowledgement

I have received the details of the investigation and outcome of the appeal.

I accept the recommended outcome of complaint

I wish to progress my complaint within the CAA

Signature:

Date of signature: