**Morthyng Group Limited General Complaints Form**

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| NAME | DATE |
| COMPANY NAME AND ADDRESS | STAFF MEMBER RESPONSIBLE FOR LEARNER |
| PROGRAMME NAME |  |
| PLEASE OUTLINE YOUR COMPLAINT (CONTINUE ON A SEPARATE SHEET IF APPLICABLE) |
| HAVE YOU DISCUSSED THE ABOVE WITH A MEMBER OF STAFF OR YOUR EMPLOYER | YES | NO |
| WHAT ACTION HAS BEEN TAKEN |
| LEARNER SIGNATURE | DATE |
| STAFF MEMBER’S NAME (CONTINUE ON A SEPARATE SHEET IF NECESSARY) |
| ACTION TAKEN |
| STAFF MEMBER’S SIGNATURE | DATE |

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| GROUP DIRECTOR OF OPERATIONS INVESTIGATION (CONTINUE ON A SEPARATE SHEET IF NECESSARY) |
| ACTION TAKEN |
| GROUP DIRECTOR OF OPERATIONS’ SIGNATURE | DATE |
| GROUP DIRECTOR OF OPERATIONS REPORT (CONTINUE ON A SEPARATE SHEET IF NECESSARY) |
| CHIEF EXECUTIVE NOTIFIED | YES | NO |
| ACTION TAKEN BY CHIEF EXECUTIVE |
| FINAL DECISION |
| CHIEF EXECUTIVE SIGNATURE | DATE |
| LEARNER INFORMED OF FINAL OUTCOME - RECORD OF CONVERSATION |
| LETTER OF CONFIRMATION SENT | DATE |
| SIGNATURE | DATE |