**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 | | |