



**Skills DEVELOPMENT
CENTRE**

Complaint form

Date:

Complainant's Information:

Student Name:

Student D.OB:

Mailing Address:

Home Phone:

Mobile:

Email:

Incident / Complain Information:

Date(s) of Incident:

Time of Incident:

Place of Incident:

Details of complaint, issue, concerns, and/or incident:

(Use back of page if more space is needed)

Name of course and/or instructor involved:

(If Applicable)

Names and phone numbers of possible witnesses:

Complainant's Signature: _____

After completion, return this form to the appropriate Administrator for review. Or send to
Advance Training Academy
Space house
Abbey road
Park royal
London
NW10 7SU

Email: info@advancevancetraininguk.com

(Resolution sought by Complainant: (Please keep in mind that the outcome you are suggesting is not guaranteed.)

Please note: You will get a response within 14 working days. If you are not satisfied with the outcome, You can appeal within 7days.

Office Use Only:

Office or Person who Furnished this form

Received By:

Date Received:

Action Taken:

Investigation outcome

Name:

Position:

Date: