| Please tick box to indicate the nature of complaint | your | Reference No. | | |
|---|--------------------------------------|----------------------------------|----------------|--|
| Complaint against the centre's deliverComplaint against the centre's admi | • | | | |
| Name of complainant | | | | |
| Candidate name (if different from complainant) | | | | |
| Please state the grounds for your comple | aint below: | | | |
| If your grounds are lengthy, please write include relevant detail such as dates, no have to support what you say If necessary, continue on an a electronic | ames etc. and pr dditional page i | ovide any ev f this form is b | idence you may | |
| Detail any steps you have already taker consider to be a good resolution to the | | ssue(s) and w | hat you would | |
| Complainant signature: | | Date of signature: | | |

Complaints form

FOR JCG USE ONLY

Date received

This form must be completed in full - an incomplete form will be returned to the complainant