



## YORK LEARNING COMPLAINTS FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

**(PLEASE NOTE YOU DO NOT NEED TO GIVE YOUR NAME AND ADDRESS IF YOU DO NOT WISH)**

Centre: \_\_\_\_\_ Course: \_\_\_\_\_

### **Nature of complaint**

*Briefly describe your cause for complaint*

**What is the complaint?**

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**When did it take place?**

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**Who was involved?**

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**Outcome**

*Ideally, what would you like to happen as a result of your complaint – an explanation, an apology, an assurance it won't happen again, a refund or other outcome).*

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