

**Instructions:**

Please complete the form outlining the nature of your complaint. Please ensure you include any actions you have already attempted to resolve the issue. The completed form should be submitted directly to the PARTNERS in person or by email [trene@signaturelearning.net](mailto:trene@signaturelearning.net) or [brian@signaturelearning.net](mailto:brian@signaturelearning.net)

**PERSONAL DETAILS (ALL ARE REQUIRED FIELDS)**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
OTHER: \_\_\_\_\_

Title: Mr / Mrs / Miss / Ms    Gender:  Male     Female     Unspecified  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: No./Street: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Email: \_\_\_\_\_

**(At least 1 Phone and Email required)**

**TRAINING COURSE DETAILS**

What course are you / were you enrolled in?	
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Trainer / Assessor Name:	
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Training location:	
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Please outline the nature of your complaint in detail:

Please give details of steps taken to resolve this issue directly with your trainer / assessor.

**Comments:** Your feedback is important to Signature Learning & Development in continuously improving the quality of our training outcomes. Please expand on the above points and further information you feel may be relevant to today/s training and future outcomes:

**The information provided in this form is true and correct to the best of my knowledge.**

**Name:**

**Signature:**

**Date:**

**How was this form submitted?**

- Email
- In person
- Post