

## Formal Feedback Form

Please complete all sections of this form in order for the feedback to be dealt with effectively and efficiently.

### Contact Details

<b>Title (Please tick)</b>					<b>Internal Reference Only</b>	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other	URN:	
<b>First Name</b>				<b>Last Name</b>		
<b>Name of Organisation</b>						
<b>Full Address (Including Postcode)</b>						
<b>Contact Number/s</b>						
<b>E-mail Address</b>				<b>Preferred Method of Communication:</b>		Postal/ E-mail
<b>Status (Please tick)</b>						
<input type="checkbox"/> Learner	<input type="checkbox"/> Parent or Guardian	<input type="checkbox"/> Employer	<input type="checkbox"/> Organisation	<input type="checkbox"/> Employee	<input type="checkbox"/> Member of the public	

**Outline of Complaint, including dates of any actions (please use additional sheets if necessary)**

Please explain any informal steps you have taken, together with dates, to resolve the complaint informally:

Please explain why you are dissatisfied with the response you have received as a result of using the informal procedure:

**Internal Reference:**

**Feedback Received by:**

Name of Member of Staff		Position:		On: (date)	
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**Acknowledgment of Feedback Sent:**

Name of member of Staff:		Position		On: (date)	
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**Named Person For Handling Feedback:**

Name of Member of Staff:		Position		Written Response Sent: (Date)	
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