



# COMPLAINTS FORM

Park Orchards  
Community House  
& Learning Centre

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

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

\_\_\_\_\_

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

## COMPLAINT

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreed Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Resolution: \_\_\_\_\_

OR

Mediator Required: (YES/NO) \_\_\_\_\_

<b>Complainant Signature:</b>		<b>Date:</b>
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<b>Staff Name:</b>		
<b>Staff Signature:</b>		<b>Date:</b>