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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complainants Details** | | | | | | | | | | | |
| Name | Click or tap here to enter text. | | | | | | | Date | | Click or tap to enter a date. | |
| Address | Click or tap here to enter text. | | | | | | | | | | |
| City | Click or tap here to enter text. | | | Postcode | | | Click or tap here to enter text. | | | | |
| Tel No. | Click or tap here to enter text. | | | Mobile No. | | | Click or tap here to enter text. | | | | |
| E-mail | Click or tap here to enter text. | | | | | | | | | | |
| Role *(Please tick)* | Commercial Learner |  | Apprentice |  | Employer |  | | Other *(Please state)*  Click or tap here to enter text. | | |  |
|  | | | | | | | | | | | |
| **Complaint Details** | | | | | | | | | | | |
| *Please use the space below to record the complaint that was made verbally* | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | |
| SETA Staff Name: Click or tap here to enter text.  Position: Click or tap here to enter text.  Signature: Click or tap here to enter text.  Date: Click or tap to enter a date. | | | | | | | | | **Please note**   1. By signing, you are agreeing that the information contained within this form is a true and accurate account of your complaint. 2. An e-mail address will be accepted as your signature it this form is completed electronically | | |