|  |
| --- |
| **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
 |