

COMPLAINT FORM

Please use this form if you wish to make a complaint about a service provided by Limm Skills Academy Ltd.

Title: _____ (Mr/Mrs/Miss/Ms)

Name: _____

Address: _____

Telephone:

Home: _____ Mobile: _____

Work/Other: _____

What is your complaint about?

Please include any important dates, times, places or names of staff contacted.

What would you like Limms to do to put things right?

Signed:

Date:

Review of Policy

This policy was last reviewed in November 2021. The next review date is

November 2022, and this will be completed by the **Lead IQA Manager** and supported by **Operations Manager**. The policy will then be approved and signed off by the Director.

Policy Approval

Director's Name: Walter Mugisha

A black and white image of a handwritten signature in cursive script, appearing to read 'Walter Mugisha', set against a black rectangular background.

Director's Signature:

Date: 19.11.2021