



## Complaints, Compliments and Comments

We value your feedback as it allows us to improve our service.

### Person making the feedback / complaint (optional)

(You do not have to provide your details, however, we will then not be able to respond to you personally).

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

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

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Person to whom the Complaint, Compliment or Comment is directed

\_\_\_\_\_

**Details of the Complaint, Compliment or Comment.** If you are appealing a decision by SkillsPlus, please complete this section.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of person making the Complaint, Compliment or Comment (optional):**

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

**Advocate (if represented):** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

Advocate signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please place this form in the feedback box at reception or hand to your consultant, trainer or branch manager.**

**OFFICE USE**

Date received: \_\_\_/\_\_\_/\_\_\_ Received by  phone  in writing  in person  email

**Immediate Action taken:**

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Action taken by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Request for Improvement Form raised and submitted to Continuous Improvement Officer**

**Subsequent Action:** Is further action required to resolve the issue?  Yes  No *If yes, an Action Plan should be developed within 7 days by the Manager.*

**Action Plan** (negotiated between both parties):

Action Required	By Whom	Expected Resolution Timeframe	Anticipated Outcome	Date Achieved

**Resolution Approved and Agreed:**

Manager Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Complainant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Advocate Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_