

LSDN Complaints Form (Appendix to Policy)

We are sorry that you feel that you have cause to complain. Please complete this form, including as much information about the problem as possible to enable us to fully investigate your complaint. Your complaint will not affect the way that you are treated while your complaint is investigated.

We will respond to this complaint within five working days of receipt. The information provided on this form will be stored and processed under the Data Protection Act 1998.

Name of complainant:	
Address:	
Postcode:	
Tel:	
Email:	
What is your status?	Learner/Staff/Other (Please specify)
Date complaint form is submitted:	
Please set out clearly the nature and origin of your complaint below.	
Please use additional sheets of paper if required:	

<p>Please describe the steps you have taken to resolve your complaint informally. If this has not been possible, or the outcome is not satisfactory, please explain why.</p>	
<p>Please list details of any evidence that you are submitting with this form:</p>	
<p>Are there any witnesses who can corroborate your complaint? Please ensure that these individuals are happy for us to talk to them and/or bring them before the complaints panel if required.</p>	<p>Names & contact details:</p>
<p>What action are you seeking/ what solution are you requesting?</p>	
<p>Signature of complainant</p>	
<p>Please return this form to: Patricia Shalet, LSDN Ltd., Suffolk House, George Street, Croydon CR0 0YN</p>	

pshalet@lsdn.org.uk