

## **Complaints Form**

Please complete this form concerning the nature of your complaint. Please keep a copy of this form and return the original to MITSkills. Email to <u>Admin@mitskills.com</u>

Name	Employers Name
Centre	Learning Programme

**Details of Complaint:** *Please indicate written or verbal complaint* 

Submitted to	Learner's Signature
Office Signature	Date

Post to; Head of Delivery, M.I.T. Skills, 12 - 13 Camphill Industrial Estate, West Byfleet, Surrey KT14 6EW

## Office Use Only

Source of Complaint:

.....