

Complaints Form

Please complete and return to VLC who will acknowledge receipt and explain future actions to be taken.

Your Details							
Your Name:							
Student Name:							
Relationship to Student:							
Address:							
				Postcode:			
Daytime Phone No.:			Evening	Phone No:			
Email Address:		-					
Preferred method of com	munication?						
Your Complaint							
 who/what your complain what you think has been how you (or your son/da when you first became a 	n done wrong aughter) have	been effected,					

What action, if any, have you already taken to try and resolve your complaint? Please give details of
your actions, and the response that you received.

Please explain why you are dissatisfied with the resolution of your complaint so far.

What actions do you feel might resolve the problem?

You are able to support your complaint with additional documents if you feel that this would be helpful. Please list any additional documents here, and attach them to this form.

Signature	Date	/ /20