

Complaint Form

By completing this form, you will be submitting a formal complaint to KMR Safety First.
 We appreciate you taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.
 A written reply will be forwarded to you within 7 working days.

Name:		Date:	___ / ___ / ____
Email Address:		Contact Number:	
Street Address:			

<i>Please tick the appropriate boxes</i>	Student / Learner	KMR Safety First Office Staff	KMR Safety First Trainer	KMR Safety First Training Partner	
				Trainer	Office Staff
Complaint raised against:					
Complaint raised by:					

In the box below, please provide as much information as possible, and detail all aspects and concerns in full so a thorough review can take place. Extra information can be added along with this form if required.

Signature:	
------------	--

OFFICE USE ONLY

Received by:		Date:	___ / ___ / ____
Complaint Given to:		Complaint Number:	
Replied by:		Replied Date:	

Action Taken and Outcome:	
---------------------------	--

Improvement Required?:	
------------------------	--