

# Formal Complaints Form



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

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

Contact details: \_\_\_\_\_

Please provide details of your complaint:

*Please include as much detail as possible: course, date, trainer, location, time, names*

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Please attach any relevant documentation.

How can we make this better for you?

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KMR Safety First will contact you on your provided contact details within 10 working days.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TRAINING YOU TO MAKE A DIFFERENCE**