



COMPLAINT RECORD FORM

Details of Complainant:

Title:

Name:

Address:

Tel:

Email:

Course attended (if applicable)

COMPLAINT

Describe the nature of your complaint as fully as possible; include dates and times of all incidents. If there is insufficient space continue with additional sheets and attach them to this document

Please send this completed form to:

Administration Dept, Smart Gas Training and Assessment Centre, Moor Farm Road, Ashbourne, Derbyshire. DE6 1HD or Email: info@smartgastraining.co.uk

Signature

Date.....