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**Record of Complaint Form NISQ 22 Stage 1**

**NISQ Approved Centre Qualification Coordinator or NISQ Director Qualification Division**

First name(s): -………………. Last name: -……………….

Qualification: -……………………… Location: -…………………

Dates: -……….to……….

Details of the complaint-please continue on the back if necessary: -

Have you previously made a VERBAL COMPLAINT about this issue?

YES………. No……….

If “yes” to whom? ……………….. When? ………………..

Have you previously made a WRITTEN COMPLAINT about this issue?

YES………. No……….

If “yes” to whom? ……………….. When? ………………..

What has been the response to your previous complaint?

What do you think should be done to put this right?

Complaint Resolved – Yes/no

How was it Resolved -

**Complainant** - **Signature: -………………. Date: -………….**

**Qualification Coordinator -signature ……… Date…………**

Time Period for Complaint – see NISQ D7 Complaints Policy available to download [www.nisq.uk](http://www.nisq.uk)