

COMPLAINT FORM

This form can be used to submit a complaint to SKILLcard. Please ensure that all other methods are explored prior to submitting a complaint. Please contact the SKILLcard team on 01768 860406 for further guidance. Please complete all sections of the form prior to submission. Acknowledgement of receipt will be made in line with SKILLcard's Complaints Policy as detailed at SKILLcard.org.uk. SKILLcard is committed to ensuring that your privacy is protected.

Visit www.skillcard.org.uk/privacy-policy/ to find out more about how we process your data and your rights.

COMPLAINT TYPE

Customer Service	Registration Process	Scheme Specific	Other
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CONTACT DETAILS

Full Name:

Address:
(With Postcode)

Telephone:

Email:

COMPANY DETAILS

Company Name:

Address:
(With Postcode)

Telephone:

Email:

DECLARATION

I declare that all of the information submitted is complete and correct to the best of my knowledge. I understand that once the complaint is submitted, no further information may be submitted unless written permission is provided. All complaints will be responded and reviewed in accordance with SKILLcard's complaints policy.

Full Name:

Signature:

Date:

OFFICE USE ONLY

Date Received:

Acknowledgement
Date:

Complaint Ref.
Number:

Owner:

COMPLAINT DETAILS

- * Please make sure you have included all of the information you wish to be considered as part of your complaint.
- * Any relevant documentation you wish to be considered is enclosed.



DOCUMENTS ATTACHED

SUPPORTING DOCUMENT NAME:	DATE:

