



Park Orchards
Community House
& Learning Centre

COMPLAINTS FORM

Complainant Name: _____

Date: _____

Email: _____

Phone: _____

Address: _____

Course: _____

COMPLAINT

Nature of Complaint: _____

Agreed Resolution: _____

Date of Resolution: _____

OR

Mediator Required: (YES/NO) _____

Complainant Signature:		Date:
-----------------------------------	--	--------------

Staff Name:		
Staff Signature:		Date: