



HASCI Complaint Form

Name of Complainant:

Address:

Contact phone: (home) (work)
..... (mobile)

Nature of the complaint: (please describe who or what the complaint is about)
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Please hand the complaint form to the Programme Manager. Your complaint will be treated in confidence; however, the matter will need to be discussed with the parties involved to resolve matter. If the Programme Manager cannot resolve your complaint, you will be contacted by the Programme Committee to discuss the situation further. If the complaint has still not been resolved, Management will be notified and steps will be taken until all parties are satisfied.

Signed by the complainant: Date:

To be signed by the following once the complaint has been resolved.

Signed by the complainant: Date:

Signed by the Programme Manager: Date:

Signed by HASCI Committee representative: Date:

Signed by management support: Date:
(if required)