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| **Complaints Form**      **Section One**  (to be completed by participant)    Participant’s name  .....................................................................................................................................  Address  .....................................................................................................................................  Phone  .....................................................................................................................................      Nature of complaint  .....................................................................................................................................  .....................................................................................................................................  .....................................................................................................................................  .....................................................................................................................................    Signature of Participant  .....................................................................................................................................  Attached additional information if required      **Section Two**  (To be completed by Look Now Training Representative if outcome is reached)    ..............................................................................................................................................................    Signature of Look Now Training Representative  .....................................................................................................................................  Position  .....................................................................................................................................    **Section Three**  (to be completed by representative of arbitrating body if complaint is taken to this level)  .....................................................................................................................................  .....................................................................................................................................  .....................................................................................................................................  .....................................................................................................................................  Signature of Arbitrating Body Representative  .....................................................................................................................................  Position  ..................................................................................................................................... |

Related Standards:6