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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