Complaint Form

Date: _____

Complainant's Information:

Student Name: _____ Student D.OB: :_____

Mailing Address:
_____

Home Phone: _____ Mobile: _____ Email: _____

Incident / Complain Information:

Date(s) of Incident: _____ Time of Incident: _____

Place of Incident:
_____

Details of complaint, issue, concern, and/or incident:

_____

_____

_____

(Use back of page if more space is needed)

Name of course and/or instructor involved:

_____

(If Applicable)

Names and phone numbers of possible witnesses:

_____ _____ _____ _____

Complainant's Signature:

_____

After completion, return this form to the appropriate Administrator for review. Or sent to

BS Security Ltd
Space house
Abbey road
Park royal
London
NW10 7SU

Email: courses@bssecurity.com

(Resolution sought by Complainant*: (Please keep in mind that the outcome you are suggesting is not guaranteed.)*

OFFICE USE ONLY:

OFFICE OR PERSON WHO FURNISHED THIS FORM:

_____

RECEIVED BY: _____DATE RECEIVED:_____

ACTION TAKEN: _____

_____

_____

_____

_____

Investigation outcome:_____

Name:_____

Position:_____

DATE:_____