Interfima

CMP-01 / FORM

Complaint

Use this form to raise a concern about a programme or related Interfima service.

01 Complainant details

Complainant (learner / centre / other; include name)

Contact email / phone

02 Nature of complaint

Select the category that best describes your concern

- ☐ Service
- ☐ Staff conduct
- ☐ Maladministration
- ☐ Other

If other, please specify

03 Complaint details

Explain what happened, when it occurred and who was involved

04 Requested resolution

What would you like Interfima to do in response?

05 Declaration

Signature / typed name

Date