



Ballincollig	
Ballycoolin	
Castlebar	
Roscrea	
Stranorlar	

LEARNER COMPLAINT FORM	V1.0
	1-12-20

Learner's Name		Employee/ID No	
Course Title		Course Venue	
Trainer's Name		Course Code	
Employer		Complaint Date	

Please state nature of complaint

What supporting evidence is offered

Name of person first contacted		Date Contacted	
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Please identify if your complaint is:-

Urgent		Ongoing		An isolated incident		Other (please specify below)	
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Learner's Signature		Date	
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Received RTC Manager		Date	
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For office use only

Details of investigation

Details of action taken

RTC Manager's Signature		Date	
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