

COMPUTER BASIC LESSON INSTITUTION



(Pty) Ltd Reg. No: 2014/120259/07

CLIENT COMPLAINT FORM

Please note this form is only to be completed by a student who is dissatisfied with the response received at Level

Part A – To be completed by the Client (Fax: 0865734290 or email: silvanusmnweba@gmail.com)

Personal Details (Please complete in block capitals)

Full Name:..... ID Number:.....

Course Title:.....

Subject Leader:.....

Correspondence Address:.....

.....

..... Postcode:.....

Telephone Number:..... Mobile Number:.....

Level 3 – Formal Complaint Review

Please specify in as much detail as possible the matter of your complaint. Please note, as part of the investigation of your complaint any member of staff mentioned will be made aware of the complaint, as will the Manager investigating the complaint:.....

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Please outline how the above complaint impacts upon you or your course:.....

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Please suggest how the above complaint might be resolved (without prejudice to the outcome of the complaint):

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Please outline why you are dissatisfied?

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Would you like to request a meeting with the Investigating Officer? Yes/No

Please list any additional information/evidence appended to this sheet:.....

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If you have written a formal letter of complaint to anyone else in the Institution please indicate name(s) and/or let us know whether you intend to copy this complaint to anyone else:.....

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Declaration

I declare that the information given in this form is true and that I would be willing to answer further questions relating to it where necessary.

Signature:..... Date:.....

Received by (Signature):..... Date:.....

Print name:.....

Job Title:.....

CBLI

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COMPLAINTS EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

To ensure the equal opportunities of the client we monitor where complaints come from to ensure our provision adequately addresses the needs of all groups within CBLI.

The information you provide is strictly confidential and will not be used for any other purpose.

This questionnaire will be detached from the Formal Client Complaint Review Form.

Ethnicity

Please tick the box which you feel best describes your ethnic origin.

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Other White background |
| <input type="checkbox"/> Mixed – White / Black Caribbean | <input type="checkbox"/> Asian - Indian |
| <input type="checkbox"/> Mixed – White / Black African | <input type="checkbox"/> Asian - Pakistani |
| <input type="checkbox"/> Mixed White / Asian | <input type="checkbox"/> Asian - Bangladeshi |
| <input type="checkbox"/> Mixed Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian – Other | |
| <input type="checkbox"/> Other (Please specify):..... | |
| <input type="checkbox"/> I do not wish an ethnic background category to be recorded | |

Disabilities / Learning Difficulties / Health

Please tick the relevant box:

- ☐ No known disability
- ☐ Dyslexia
- ☐ Blind / partially sighted
- ☐ Deaf / hearing impairment
- ☐ Wheelchair user / mobility difficulties
- ☐ Personal care support
- ☐ Mental health difficulties
- ☐ An unseen disability e.g. diabetes, epilepsy, asthma
- ☐ Multiple disabilities
- ☐ A disability not listed (Please Specify):.....
- ☐ Autistic Spectrum Disorder (including Asperger's Syndrome)
- ☐ Not known