

COMPLAINT FORM

This form can be used to submit a complaint to SKILLcard. Please ensure that all other methods are explored prior to submitting a complaint. Please contact the SKILLcard team on 01768 860406 for further guidance. Please complete all sections of the form prior to submission. Acknowledgement of receipt will be made in line with SKILLcard's Complaints Policy as detailed at SKILLcard.org.uk. SKILLcard is committed to ensuring that your privacy is protected.

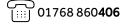
Visit www.skillcard.org.uk/privacy-policy/ to find out more about how we process your data and your rights.

COMPLAINT TYPE					
Customer Service	Registration Process	Scheme Specific	Other		
CONTACT D	ETAILS				
Full Name:					
Address: (With Postcode)				
Telephone:	phone: Email:				
COMPANY D	ETAILS				
Company Name	e:				
Address: (With Postcode)				
Telephone:		Er	mail:		
DECLARATION	ON				
once the complain		nformation may be subm	to the best of my knowledge. I un nitted unless written permission in 's complaints policy.		
Full Name:					
Signature:		D	ate:		
OFFICE USE	ONLY				
Date Received:		Acknowl Date:	Acknowledgement Date:		
Complaint Ref. Number: Owner:					









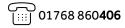


COMPLAINT DETAILS









^{*} Please make sure you have included all of the information you wish to be considered as part of your complaint.

 $[\]ensuremath{^*}$ Any relevant documentation you wish to be considered is enclosed.



DOCUMENTS ATTACHED

SUPPORTING DOCUMENT NAME:	DATE:







