



Complaints Form

This form is to be used to file a written formal complaint with QPTS.

Please complete this form in full, clearly describing the incident or issue, who is involved, and attach any appropriate evidence in support of the complaint.

Participant Details			
Name:		Participant ID number (if known)	
Address:			
Contact number:		Email address:	
Date of complaint:			
Date of incident:		Location of Incident:	
Nature of the complaint			
Please describe the details of the complaint. Please attach supporting documentation where required.			

Details of any other parties involved: (include full name and position)			
Name:		Position:	
Name:		Position:	



What action would you like to see take place to resolve this complaint?

By signing this form, I certify that the information provided is true and correct.

Signed:

Date:

Office Use Only

Date received:

Received by:

**Indicate outcome of
action taken.**