## **Park Education**

## **COMPLAINTS FORM**

Please use this form to record any complaint you have against the action or attitude of any person(s) employed by Park Education.

Date:					
Name of complainant:					
Details of complaint: (copies of letters or emails can be attached)					
Signature :					

#### **Park Education**

# **COMPLIMENTS FORM**

Please use this form to record any action by any person(s) employed by Park Education which you have particularly appreciated or which you believe brought benefit to yourself, your colleagues, patients or residents.

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etails of complimen	t: (copies of letters o	r emails can be attac	nea)	
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Signature :				

## **COMPLAINTS PROCEDURE**

If you have a complaint about the recruitment and selection process, or feel that PARK-ED has acted unfairly in dealing with your application, please put your complaint in writing and address it to The Director, Park Education And training Centre 468 Church Lane Kingsbury NW9 8UA.

As an Assessor/Verifier with PARK-ED I agree to operate and implement this Equal Opportunities Policy.

Name	***************************************	••••	
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Signature	•••••		
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Establishment			