

Centre No. AC00540

IVR Training Services Ltd

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Driver CPC Periodic Training Scheme Complaint Notification and Investigation Form

If your complaint is about any part of the Driver CPC periodic training scheme administered by IVR Training Services, please complete this form and send it to address or email address above.

Please enclose copies of any correspondence you have had with the training provider or any other evidence you feel is relevant.

IVR Training Services Ltd will acknowledge your correspondence within 5 (five) working days and provide you with either a resolution, or an action plan to progress the complaint, within 15 working days.

Your name:				P	osition:			
Company:					•			
Address:								
						Postcode:		
Telephone nu	mber:							
Email address	s:							
Does your complaint concern: (Please mark with an X)								
			I he tra	aining pro	vider:	The Instru	ictor:	
Name of training provider and/or instructor:								
Address where training took place (if relevant):								
Date of course	e:					Postcode:		

Details	of complaint:					
						Continue on a blank sheet if needed
List any	y correspondence or	evidence	you are enclos	sing:		
Date:		Signed (Print):			Signature:	

IVR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW

Investigators notes:		
Short term corrective action:		
Root cause:		
Long term preventative action:		
Review Date:	Close Date:	
Investigator Name:	Position:	

