



Notification of complaint

Name of complainant: _____ Date complaint received: _____

Address of complainant: _____

Contact telephone no.: (w) _____ (h) _____
(c) _____

Details of complaint:

Names of complaints panel: 1. _____ Date assigned: _____
2. _____
3. _____

Complaints panel findings:

Scheme committee decision: (R1) _____

Date of notification of decision to complainant: _____

Signatures:

SAIW Certification Governing Board chairperson/deputy chairperson: _____

SAIW Qualification & Certification Manager/alternate: _____