



MASTER ELECTRICIANS TRAINING

Complaints Form

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Course: _____ Date of Course: _____

Outline the nature of the complaint:

Signature: _____ Date: _____

ME Training Office Use Only

Date Received: _____ Received By: _____

Mediators Name: _____

Date of Meeting: _____

Actions Taken: _____

Resolution: _____
