

COMPLAINT HANDLING FORM

File number:

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title of training

Name of the participant in the training	
Starting date of training	
Date of the complaint	
Method of receipt of the complaint	
Complaint administrator	
Description of the complaint	
Date of the issuance of an order made by the Head of the Adult Education Center	
Name of the investigator(s)	
Investigation findings	
Results of the investigation, decision	
Description of the measure taken	
Date of notification of the complainant	
Date of closure and filing of the complaint file	

Miskolc-Egyetemváros, 20.....

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Head of the Adult Education Center