



## COMPLAINTS REPORT FORM COMPLAINTS PROCEDURE MOTOR LEARNING INSTITUTE

Your personal data (\* are mandatory fields)

Name*	
Last name*	
Adress*	
Postal code*	
City*	
Telephone number*	
Email adress*	

Employee details about which a complaint is made (\* are mandatory fields)

Name*	
Last name*	
Adress*	
Postal code*	
City*	
Profession defendant*	
Registrationnumber defendant	

**Complaint details:**

Fill in here the conduct and grounds on which the complaint is based:

If you have discussed your complaint with an employee, please describe below how the conversation went:

Your signature: \*

Date: \*

Send the completed form digitally to [askus@motorlearninginstitute.com](mailto:askus@motorlearninginstitute.com) or send it by post to MOTOR LEARNING INSTITUTE, Zuurstukken 31, 9761 KP, Eelde.