

**Killester College of Further Education**

**COMPLAINT FORM**

If you are dissatisfied with the quality of service you received, please complete this form, and return to the Principal.

(PLEASE WRITE IN BLOCK PRINT)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE : \_\_\_\_\_

IS THIS THE FIRST TIME YOU HAVE MADE THE COMPLAINT?

YES

NO

PLEASE GIVE DETAILS OF YOUR COMPLAINT:  
(include date, location, department, other relevant details)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Completed form to be returned to:  
Principal, Killester College of Further Education, Collins Avenue East, Dublin 5.