

**1. Introduction**

The purpose of this form is to enable an individual or organisation to make a complaint about the services Xact Assessment provide to them.

Please note, complaints are audited and regulated by Ofqual. This means that we are required to follow national guidance when responding to complaints.

Please ensure you read our Complaints Policy, a copy of which is available on our website and User Portal.

**2. Complaint Notes**

- a) Complaints will only be accepted from an individual affected by complaint i.e. a complaint cannot be submitted by a third party on behalf of someone else.
  - b) You can only complaint about matters relevant<sup>1</sup> to the services Xact Assessment provides.
  - c) If your complaint includes statements which are dependent on information outside Xact Assessment, your complaint must include verifiable evidence which confirms those statements. If you don't provide such evidence, that statement will not be investigated as part of your complaint.
  - d) Email completed form and supporting evidence to: [complaints@xact-assessment.org.uk](mailto:complaints@xact-assessment.org.uk)
  - e) Complainants will receive an acknowledgement within five working days.
- Note**<sup>1</sup>: Complaints process cannot be used about matters involving assessment or personal data. See relevant Policy.

**3. Complainant information**

Full Name			
Organisation			
Email		Telephone	
Address			

**Note:** Please complete following page

**4.1 Complaint Area**

Please tick which area of our services applies to your complaint.

Pre-course	<input type="checkbox"/>	Email response	<input type="checkbox"/>
During course	<input type="checkbox"/>	Website	<input type="checkbox"/>
Post-course	<input type="checkbox"/>	XLE: Xact Assessment Portal	<input type="checkbox"/>
Telephone response	<input type="checkbox"/>	Other – provide more information below	<input type="checkbox"/>

**4.2 Complaint Details**

[Empty space for complaint details]

**4.3 Complaint Evidence**

Please note that statements in your complaint which are dependent on information<sup>1</sup> outside<sup>2</sup> Xact Assessment, are not considered unless supported by verifiable appropriate evidence which confirms those statements.

Please ensure that any documentation is signed and dated, and that originator can be identified. Please also provide contact details in case we require clarification.

**Note<sup>1</sup>:** Evidence, emails, statements, policies etc

**Note<sup>2</sup>:** E.g. emails not received or sent by Xact Assessment, information from, to or relating to a third party etc

Please list documentation provided.

[Empty space for listing evidence]

**5. Declaration**

I confirm that by submitting this completed form, I consent to the processing of its data<sup>1</sup>. I have read and understand Xact Assessment’s Complaints Policy and I have supplied accurate information which to the best of my knowledge and understanding is correct.

I also understand that Xact Assessment will investigate matters relating to my complaint which may involve third parties.

**Note<sup>1</sup>:** All data is processed in compliance with the Data Protection Act 2018 and GDPR.

Name	<input type="text"/>	Date	<input type="text"/>
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