**EAL FEEDBACK / COMPLAINT FORM**

**NAME OF CONTACT:** Click here to enter text.

**ROLE:** Click here to enter text.

**TELEPHONE NUMBER:** Click here to enter text.

**EMAIL ADDRESS:** Click here to enter text.

*(Please tick as appropriate)*

**I WOULD LIKE TO PROVIDE FEEDBACK: \_\_**

**I WOULD LIKE TO SUBMIT A FORMAL COMPLAINT: \_\_**

*\*Please refer to EAL’s Complaints Policy for further information and guidance.*

**NAME OF CENTRE ASSOCIATED WITH THIS CORRESPONDENCE (INCLUDING CENTRE NUMBER):** Click here to enter text.

**IF THE CORRESPONDENCE IS LINKED TO AN EAL QUALIFICATION, PLEASE PROVIDE THE TITLE, EAL CODE AND PATHWAY:** Click here to enter text.

**FEEDBACK / COMPLAINT DETAILS:** Click here to enter text.

**HOW WOULD YOU WISH EAL TO SUPPORT?** Click here to enter text.

**HOW WOULD YOU PREFER TO BE CONTACTED?** Click here to enter text.

This form is to be submitted to EAL Customer Services at: customercare@eal.org.uk

EAL will acknowledge receipt within 2 working days.