**Raising a Concern or Complaint about AfN Quality Assured Training**

**Submission Form**

Please use this form if you would like to raise a concern or make a complaint to the Association for Nutrition (AfN) relating to an AfN quality assured training.

In order for us to investigate a concern/complaint about a training provision/provider, the training in question must either have been successfully approved by one of the AfN quality assurance schemes for nutrition training or being purporting to have AfN approval. You can check whether or not a training has been approved by AfN at [www.associationfornutrition.org](http://www.associationfornutrition.org) or by calling us on 020 3795 8823.

Raising a Concern about AfN Approved Trainings explains our procedures in detail, describing what we can/cannot investigate and the process involved.

|  |
| --- |
| **Your details** |
| **Surname** |  |
| **First Name** |  |
| **Email** |  |
| **Telephone** |  |
| **UKVRN registration number (if applicable)** |  |

|  |
| --- |
| **Details of Training Provider** |
| **Organisation/****Training Provider** |  |
| **Name of Training Activity**(e.g. degree title, course name or webinar title) |  |
| **Date of incident** |  |

**The nature of your concern or complaint**

Please provide the details of your concern/complaint, continuing on additional sheets if necessary, and attach any supporting evidence available and/or provide links to relevant sections of websites etc.

|  |
| --- |
|  |

Please outline the outcome of the training providers complaints process, including copies of complaint made and decision/response received:

|  |
| --- |
|  |

Please describe the outcome you are seeking:

|  |
| --- |
|  |

By signing below I:

* confirm that the AfN may progress my concern with the training provider.
* understand that my personal contact details will be kept by the AfN for the duration of the investigation, so that they can correspond with me and these will not be forwarded to the provider.
* understand that the details of my concern/complaint will be shared with the provider in order for a response to be received and, if required, and investigation undertaken.

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

Please send the completed form and any supporting evidence to:

**Email -** professional@associationfornutrition.orgwith the subject of **Attn: QA Stds**

**or Post –** QA Stds,Association for Nutrition, 3rd Floor - Alliance House, 29-30 High Holborn, London, WC1V 6AZ