



## EXPERIENCE OF CONTACT SESSIONS: PHARMACIST'S ASSISTANT PROGRAMME

*"We are thankful for customers, who complain,  
it allows us to improve and make them happy."*

If you are unhappy or have a suggestion on how we can improve the service we are currently providing, please complete this form and email it to [training@sbuys.co.za](mailto:training@sbuys.co.za) or fax it to 0865690222.

You can complete this form anonymously. This form is confidential, and your information will never be made available to any employee. However, if your details are relevant to an incident or you would like us to provide feedback, kindly fill in the details.

I am a learner and would like to stay anonymous	
I am a tutor and would like to stay anonymous	
I would like the S Buys Academy to give me feedback regarding this complaint - see contact details below	

Name and Surname: \_\_\_\_\_ TDA number: \_\_\_\_\_

Please get in touch with me via the following (give details)

Email:	_____
Telephone number:	_____
Cell phone number:	_____

**My complaint is about:**

(Please mark the relevant block with an X)

Date of completion of the form: \_\_\_\_\_

Booking procedure	
Audio-visual presentations	
Facilitator (presenter)	
Study material	
Summative assessment	
Assessor	
Other	

Please describe your complaint or suggestion.

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If the following is relevant, please complete the following:

Facilitation/Assessment center: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Booking Coordinator/Facilitator/Assessor name: \_\_\_\_\_

Office use only	Action taken:
Date received:	Signature: