



FORM: Complaints and Appeals
DATE: June 2011
REVISION DATE: December 2011

Name: _____ Date: _____

Contact Number: _____ Email: _____

Tick reason form is to be used for: Complaint/Grievance Appeal Assessment Appeal

Section 1

Provide full details of complaint or appeal (i.e. date, time, place, people involved, background information, etc. If you are lodging an Assessment Appeal, please provide details of the Unit of Competency and Trainer)

Section 2

What outcome(s) are you seeking from this complaint / appeal?

To be signed by Student that the information provided is true and accurate

Signed: _____ Date: _____

Section 3

Action(s) to be taken to resolve complaint or appeal:

Who:

When:

Section 4

Outcome(s) from action(s) taken:

Was the complaint or appeal resolved Yes No

If No, detail any follow up actions

Section 5

Detail date and how the learner was advised of the outcome(s) from this complaint / appeal?

When the complaint or appeal has been resolved, or no further action is needed or can be taken, this complaint or appeal must be signed by the learner to indicate that they have been advised of the outcome and by the Training Manager to state that the learner has been informed.

Student

Signed: _____ Date: _____

Training Manager

Signed: _____ Date: _____