

COMPLAINTS APPEALS FORM

Date of Lodgment		Trainers Name	
Course Date(s)		Course Name	
Name of Applicant			Please tick staff student employer
Student Name			
Nature of Issue	 Student Feedback Staff Feedback Complaint Appeal Continuous Improvement Other Issue 		
Details			
Action Taken			
Applicant contacted		Date contacted	/ /
Tel	Mobile		Email
Applicant's Comments			
comments			
Outcome			
Issue	□ Resolved □ Escalated □ Referred to independent		
Details			
Issue Closed			

...../20

Greg King – CEO Australian Lifesaver Training Comments

www.alt.edu.au

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Student/Participant Additional Information, please attach any supporting information with this form.

Please refer to our Participant/Student Complaints and Appeals policy located on our website before you submit this

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