

COMPLAINTS APPEALS FORM

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

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Greg King – CEO Australian Lifesaver Training

Comments
