Australian High Risk Training Complaint/Appeals Form



Full Name:	
Postal Address:	
Phone Number:	
Email Address:	
Course:	Trainer/Assessor Name:
Date of incident:	Date of Complaint/Appeal being written:
Complaint/Appeal – Please be as de	tailed as possible
Person/s Involved	
If anyone witnessed this, please speci	fy who

Please turn page

How would you like to see	your complaint/appeal resolved?	
		_
		_
		_
Were you satisfied with the	initial handling of your complaint? If not, why?	
Any other details you woul	d like to provide?	
Declaration		
	ontained in this form is true and correct. I provide my consent to ng to disclose the information in this form to enable it to investigate my	
Signature:	Date:	