

Complaint Form

Person Making Complaint:
Course:
Address:
Postcode Ph / Mobile
Details of Complaint (Complete wherever applicable. If not applicable write 'N/A')
Date:Time: Location:
Persons Involved (Other than the person notifying):
Details of Complaint (If the grievance relates to an event, please detail it step-by-step)



Were there any injuries, or damage to property? Yes No
(If 'Yes') Can you describe the injuries or damage?
Were there any witnesses? Yes No (If yes) Names:
Other relevant information
What, if any, particular response or action does the person making the Complaint seek or expect?
What action is proposed by The Academy and would be acceptable to the client to resolve the complaint?
(If no mutually acceptable action to resolve the complaint can be agreed upon write 'No Agreement')

2Authorised by – CEO Issue Date – 25th July, 2011 Austrain Academy Pty Ltd



The above Statement of Details is a fair and accurate record of our interview.

Complainant(Signature)
The Academy Representative:(Signature)
Date:
The above action proposed to resolve the complaint is approved
Authorised Officer:(Signature)
Position:
Date: