

<b>AUSTRAIN Stakeholder Feedback Form</b>	
<b>Date:</b>	
<b>Feedback reported by:</b>	
<b>Type of Feedback: (Tick relevant feedback type)</b>	<p>Student Feedback /Complaint</p> <p>Stakeholder Feedback / Complaint</p> <p>Equipment Failure</p> <p>Staff / contractors Improvement Feedback</p> <p>Risk potential</p>
<b>Name of Stakeholder:</b>	
<b>Detail of Report:</b>	
<b>Immediate Action taken:</b>	
<b>Suggested Action:</b>	
<b>Management Action: (adjudication requested ?)</b>	
<b>Improvement Notice Required? Y/ N Form # _____</b>	
<b>Date Action reported to Stakeholder</b>	
<b>Report Conclusion &amp; Date:</b>	