

COMPLAINTS FORM

To be completed by the complainant or assisted by staff member.

Surname:		Title:	
First Given Name:			
Course title:			
Trainer / Assessor:			
Date of occurrence:			
Who is the complaint about? (please tick)	<input type="checkbox"/> Trainer / Assessor	<input type="checkbox"/> The training organisation	
	<input type="checkbox"/> Another Student	<input type="checkbox"/> A third party	
	<input type="checkbox"/> Other (please specify)		
Reason for Complaint:			
Occurrences leading up to this submission:			
What outcomes are sought or expected?			
How can we improve our system to avoid these situations in the future?			
<input type="checkbox"/> By signing this form, I certify that the information provided is true and correct.			
Signed:			
Date:			

Note: this can be lodged unsigned or anonymously. Return completed form to either the trainer, PO Box 146, Riddells Creek 3431 or by email to info@aitac.edu.au