



COMPLAINTS APPEALS CI FORM

Date of Lodgement		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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Mark Robb, Managing Director Safety Corp Pty Ltd

Comments

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For more information on refer to our Complaints & Appeals Policy or contact Safety Corp

www.safetycorp.com.au

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