

Complaint/Appeal Form



Section 1: Student Details

This section is completed by the student.

Name:			
Are you making a complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you making an appeal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint or Appeal Details:			
Signature:		Date:	

Section 2: EnerTrain Staff Details

This section is completed by the EnerTrain staff member receiving this form.

Name:			
Role:	<input type="checkbox"/> CEO <input type="checkbox"/> Training Manager <input type="checkbox"/> Trainer / Assessor <input type="checkbox"/> Training Coordinator		
Comments:			
Complaint or Appeal Forwarded to:	<input type="checkbox"/> CEO <input type="checkbox"/> Third Party _____ (please specify)		
Signature:		Date:	

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Section 3: Complaint/Appeal Review

This section is completed by the EnerTrain staff member conducting the complaint/appeal review.

Name:			
Has the complaint been investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Complaint entered on the Complaints Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the appeal been investigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appeal entered on the Appeals Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint/appeal report attached to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments or actions taken to resolve complaint or appeal			
Signature:		Date:	

Section 3: Complaint/Appeal Resolution

This section is completed by the EnerTrain CEO.

Complaint or appeal addressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome advised to student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final outcome:			
Signature:		Date:	