

## **Complaints Appeals CI Form**

Date of Lodgement	Trai	iners Name			
Course Date(s)	Cou	rse Name			
Name of Applicant			Please tick  staff	student employer	
Student Name					
Nature of Issue	Student Feedback Staff Feedback Complaint Appeal				
	Continuous Improvement Other Issue				
Details					
Action Taken					
Applicant contacted	Date	e contacted	/ /		
Tel	Mobile	Em	ail		
Applicant's Comments					
Outcome					
Issue	Resolved Escalated Referred to independent				
Details					
Issue Closed					
/20					
Susan Devlin, CEO Safety Corp Pty Ltd					
Comments					

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