

# Complaints or Appeals Form



Complaint or Appeals		
<b>Client/Student Name:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Mobile:</b>	<b>Email:</b>

<b>College Location/Department/Course/Staff Member</b> (You wish to complain about):
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Please provide details of your complaint and indicate what action you would like Emergency First Aid Pty Ltd to take to rectify this situation. If necessary, attach extra pages of information. Your complaint will be referred to the Director of Emergency First Aid Pty Ltd for resolution, and you will be advised of the outcome and reasons for the decision. All information that you supply will be dealt with in strict confidence.


**Client/Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only		
Date Received:	Received By:	
<b>Action Taken:</b>		
<b>Reasons:</b>		
<b>Signed (Principal):</b>	Signed (Assessor):	Date: