

Complaints Handling Form

Surname:		Title:	
First Given Name:			
Course title:			
Trainer / Assessor:			
Date of occurrence:			
Reason for your submission:			
Occurrences leading up to this submission:			
What outcomes are you seeking or expect:			
Can we improve our system to avoid these situations in the future:			

By signing this form, I certify that the information provided is true and correct.

Signed: _____ Date: ____ / ____ / ____



General Manager to complete:

Referred to CEO: ____/____/____

Complainant notified in writing of acknowledgment by CEO: ____/____/____

Complainant notified in writing of the investigation outcome: ____/____/____

Outcome:

Resolved: Yes No

Corrective action taken: _____

Version Number	Revision Date	Authorised By	Complaints Handling Form	
2.0	21/05/2025	General Manager	FPA-FRM-2009.02	Page 2 of 2