



Complaints and Appeals Form

Name of Complainant/Appellant

Contact details

phone:

email:

Date of incident/ receipt of assessment outcome

Reasons for Complaint/Appeal

Actions Taken to Date (With who and when have you discussed your complaint/appeal)

Desired Resolution

Signature of Complainant

<input type="text"/>	Date	<input type="text"/>
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Send form to: training@internationalparamediccollege.com.au

Attention: C.E.O.

For Office use only

Date Received

Staff Member



Action Taken

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Signed

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