



## Complaints Handling Form

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

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

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



<b>AUSTRALIAN ACADEMY OF FUTURE EDUCATION PTY LTD T/A AUSTRALIAN COLLEGE OF FUTURE EDUCATION   Action</b>
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Action to be taken:
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CI Register No:
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To be followed up by:
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Sign:
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Date:
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