

Document Name and Number:	Version and Date:	Responsible Person:	Purpose and Comments:
Complaints/Appeals Form	01/02/2024 v3		

## **Complaints/Appeals Form**

AJL Training Staff		The Participant			
☐ Management				Harassment	
	Trainer/Assessor		1	Appeal	
	Administration				
AJL Tr	aining	Thir	rd	parties (please specify)	
	Facilities				
	Resources				
	Other				
Stude	nts Name:				
Detail	s of Complaint/Appeal (Attach documentation or com	plete	e t	this section)	
			•••		
			•••		
			•••		
			•••		
			•••		
			•••		



Participant's Signature:	Data
Participant's Signature:	

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Report – Trainer/Assessor or other nominated Person				
Signature:	Date:			
NB – If the complaint/appeal is considered to take more than 60 calendar days, then the organisation will inform the complainant/appellant in writing and include reasons. The organisation will continue to keep the complainant/appellant informed of the progress.				
(Please tick)				
	Trainer/assessor/another person acknowledged complaint.			
	Verified and signed by the Training Manager or nominee.			
	Participant advised in writing - (Please give details below of person advising the participant)			
Name of per	rson: DATE:			
Number of o	days taken to resolve the issue			