



# Appeals, Complaints and Grievances Form

<b>Surname:</b>	
<b>Given Name:</b>	
<b>Course title:</b>	
<b>Trainer / Assessor:</b>	
<b>Date of occurrence:</b>	
<b>Please provide a description of your Problem:</b> (The information you provide on this form will be assessed to determine the appropriate course of action). You may attach a report.	
By signing this form, I certify that the information provided is true and correct.	
Signed: _____ Date: ____ / ____ / ____	
<b>Action to be taken:</b>	
<b>Agreed Action completed and effective:</b>	
Signed:	
Position: <b>General Manager Training</b>	

<b>Type</b>	Policy and Procedure	<b>Next Revision Date</b>	04/07/2027	<b>Document Controller</b>	Davide Trevisan-Singh
<b>Version</b>	2.0	<b>Date revised</b>	04/07/2025	<b>Document Number</b>	PP0008
<b>Title</b>	Appeals, Complaints and Grievances Form				
<b>Path</b>	M:\RTO\August 2016\Complaints and Appeals				
Printed copy is UNCONTROLLED COPY. Please check with AIT for the latest version of this document.					<b>Page 1 of 1</b>