

**Title:** FORMAL COMPLAINTS FORM  
**Document ID:** T/F/002  
**Edition No:** 3  
**Prepared by:** Brent McGregor  
**Approved for use by:** Meagan White  
**Release date:** 4/9/15

## Formal Complaints Form

Name of complainant:	
Are you the: <input type="checkbox"/> Participant? <input type="checkbox"/> Employer? <input type="checkbox"/> Mentor? <input type="checkbox"/> Other?	
Employer (Company) Name:	
Qualification or Program:	
Phone Number:	Alternative Number:
Address:	
Email Address:	
Preferred contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Participant name (s): (if not complainant)	
Mentor/Supervisor Name:	

**Describe the nature of the complaint:**

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**Please provide details of any relevant incidents or communications etc and include dates.**

Date:	Details

Tick here if you are including further information in the form of attachments

**Describe any efforts made to resolve the complaint to date :**

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**What would be your desired outcome?**

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**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email or post the completed form to Print Training Australia to the attention of the  
**Chief Executive Officer**

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**Office Use Only**

Date Complaint Form Received:
Date entered in Complaints Register:
Reference Number:
Date Forwarded to the CEO
Received and processed by:
Signed: