



COMPLAINT FORM

By completing this form, you will be submitting a formal complaint to Australia Wide First Aid.

Please submit your form to feedback@australiawidfirstaid.com.au

We appreciate you taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.

A written reply will be forwarded to you within ten (10) working days.

Name:		Date:	
Email Address:		Contact Number:	
Street Address:			

<i>Please tick the appropriate boxes</i>	Student / Learner	Australia Wide First Aid: Office Staff	Australia Wide First Aid: Trainer
Complaint raised against:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaint raised by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide your course details below:

Course Date:		Course Location:	
Course Location:			

In the box below, please provide as much information as possible, and detail all aspects and concerns in full so a thorough review can take place. Extra information can be added along with this form if required.

I hereby declare that all details in this request are true and accurate.	Signature:	
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OFFICE USE ONLY

Received by:		Date:	
Complaint Given to:		Complaint Number:	
Replied by:		Replied Date:	
Action Taken and Outcome:			
Improvement Required:			

Related Standard/s: Clause 5.2, 6.1-6.5