

Complaint Form					
<p>By <u>completing</u> this form you will be submitting a formal complaint to CQ First Aid & Safety.</p> <p>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.</p> <p>A written reply will be forwarded to you within 7 working days.</p>					
Name:				Date:	____/____/____
Email Address:				Contact Number:	
Street Address:					
Please tick the appropriate boxes	Student / Learner	CQ First Aid & Safety Office Staff	CQ First Aid & Safety Trainer	CQ First Aid & Safety Training Partner	
				Trainer	Office Staff
Complaint raised against:					
Complaint raised by:					
<p><i>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></p>					
Signature:					
OFFICE USE ONLY					
Received by:				Date:	____/____/____
Complaint Given to:				Complaint Number:	
Replied by:				Replied Date:	
Action Taken and Outcome:					
Improvement Required?:					