



AMA SKILLS TRAINING

NOTICE OF COMPLAINT/CONCERN/APPEAL

Car No:

Section A: Contact Details

Student Name: _____

Course: _____

Contact Details: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: ____ / ____ / ____

Client: _____

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Section B: Complaint / Concern / Appeal

Please describe your complaint / concern / appeal fully, including any relevant background and previous actions you have taken to try to get the matter resolved. Attach extra pages as necessary. Please list number of pages attached:

Your Complaint / Concern / Appeal [strike out the non applicable]

What would you like the outcome of this complaint/appeal to be?

Section C: OFFICE USE ONLY

Received by: _____

Date: _____ / _____ / _____

Complaint/concern/appeal number: _____

A copy of this form showing date of receipt must be given to the student

Dispute heard by [person or panel]

Name: (please print)

Signed:

Date:

_____ / _____ / _____

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Section D: Outcome

To be completed by the Training Manager

Complaint/concern/appeal resolved _____ / ____ / _____

The complaint/concern/appeal was not resolved. The next stage is to organise an appropriate external and independent agent to mediate between the parties. The student will need to attend mediation. The Training Manager will be in contact with details of date, time and location.

Outcome Implemented/notice of finding given to appellant in writing
_____ / ____ / _____

Student satisfied with outcome _____ / ____ / _____

Recorded as completed in Corrective Action Record (form CG)

Signed: _____ _____ / ____ / _____

Name: _____

Date: _____ / ____ / _____

Copy to be provided to Student, once resolved.

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