



## **COMPLAINTS, GRIEVANCE OR APPEAL**

If you feel that the outcome of an assessment is incorrect or you have a complaint or grievance, please complete the first section of this form and lodge it in the Complaints, Grievance or Appeals Box or forward it directly to the Chief Executive Officer.

The second section of this form details the outcome and you will be informed in writing within 10 working days.

Learner Name:.....

Address:.....

.....

Details of Complaint, Grievance or Appeal:

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.....  
.....  
.....

Do you wish to talk to the Appeal Panel?    Yes  No

Learner (Sign): .....Date: ...../...../.....

**If Assessment Appeal:**

Trainer Name:.....

Program name:.....

Unit(s) Name:

.....  
.....  
.....  
.....  
.....



Administration Section Please read and follow process 0605 PR

Appeal Outcome: Substantiated [ ]Yes [ ]No

Reason:.....

Signed by Panel Chair: ..... Date: ...../...../.....

Action to be taken (where applicable)

.....

CEO Use Only

Date Received:..... For the Attention of:.....

Please advise me of your proposed action to be taken.

Response required by.....

CEO to forwarded completed documents to HRM Date .....

HRM Use Only

C G & A Reg. No..... Complainant advised ...../...../.....(Date)

C G & A Register Complete ...../...../..... (Date)