

## 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](mailto: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.

<b>Name:</b>		<b>Date:</b>	
<b>Email Address:</b>		<b>Contact Number:</b>	
<b>Street Address:</b>			

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

*Please provide your course details below:*

<b>Course Date:</b>		<b>Course Location:</b>	
<b>Course Location:</b>			

*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.	<b>Signature:</b>	
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### OFFICE USE ONLY

<b>Received by:</b>		<b>Date:</b>	
<b>Complaint Given to:</b>		<b>Complaint Number:</b>	
<b>Replied by:</b>		<b>Replied Date:</b>	
<b>Action Taken and Outcome:</b>			
<b>Improvement Required:</b>			