

### Participant Details

Name of participant: Participant ID: Qualification enrolled in: 

### 1. Type of complaint

Please tick the main type(s) or issue(s) your complaint relates to:

- |   |   |
|---|---|
| <input type="checkbox"/> Provision of information                   | <input type="checkbox"/> Staff qualification or skills    |
| <input type="checkbox"/> Financial matters                          | <input type="checkbox"/> Administrative procedures        |
| <input type="checkbox"/> Assessment content or structure            | <input type="checkbox"/> Participant support and guidance |
| <input type="checkbox"/> Assessment outcomes                        | <input type="checkbox"/> Training                         |
| <input type="checkbox"/> Equipment or assessment/training resources | <input type="checkbox"/> Other (please describe below)    |

### 2. Complaint details

Please provide specific details of what your complaint is about and when the matter involved occurred. Providing as much detail as possible will assist us in investigating your complaint. If necessary you may attach an extra page to this form. Please state if you have discussed your complaint with a trainer or with the Administration and Compliance Officer.

### 3. Favourable Outcome Desired

### 4. Authorisation

I hereby authorise iLEAD Training to proceed with the investigation of my complaint.

Signature:  Date:

**5. Complaint Action (Office Use Only)**

Complaint received by:  Date:

Complaint Addressed by:

Meeting Date and Attendees (If applicable) :

Date that the letter detailing complaint outcome was sent:

Date counselling session detailing outcome :

General Manager:

Comments:

**6. Complaint Outcome/Appeal**

a) Details of the outcome of the complaint:

b) Reasoning for the outcomes of the complaint

c) Does the participant wish to appeal the outcome of the complaint?

d) Additional notes:

**7. Authorisation**

This complaint process has been completed and all parties involved have been informed of any changes in practice or operations where/when necessary

This matter is still yet to be resolved

General Manager's Signature:

Date: