

## Dispute/Complaint Form

Date of Complaint:     /     /	Reason	Tick
Name:	Client Complaint / Appeal	<input type="checkbox"/>
	Training or Assessment Outcome Dispute	<input type="checkbox"/>
Address:	Occupational Health and Safety	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Contact Number:	AQTF Standard Non-Compliance (Staff)	<input type="checkbox"/>
Course:	AQTF Condition Non-Compliance (Staff)	<input type="checkbox"/>

## Section 1 Complaint

*Please record your dispute/ complaint below.*

**Issue:**

Print Name:	
Signature:	

**Section 2 – Admin use only**

**Action to be taken:**

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Who:		When:		Required By:	
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Signed:		Position:	
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**Section 3 – Admin use only**

**Agreed action completed and effective:**

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Signed:		Position:	
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**Corrective Action Register**

Logged in CAR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
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Logged By:		Signature:	
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