Complaint/Appeals Form

The complainant / appellant must complete form and hand into PICAC.

Full name: _____

Address: _____

_____

Phone: _____

Course name: _____

Grievance type: Compliant ❑ Appeal - Decision ❑ Appeal - Assessment ❑

Describe the complaint/appeal including what happened, when, where and the names of those involved (or provide details of an attached document that describes the nature of the grievance.
Describe desired outcome of appeal / complaint i.e. what you would like to happen next:

❑	If you are appealing a current assessment indicate if you wish to request a reassessment.	
Signed:		Date:

For PICAC Use Only

❑	Acknowledgement sent		
❑	Training Manager informed and actioned		
❑	Complaints and Appeals Register entry opened		
❑	60 Calendar days deadline =	Date:	
Admin Signed:		Date:	