

Adept Training Grievance / Appeal Form

Course name: _____ Code: _____

Complaint made by: _____

Lodged by: _____ Date: _____

Contact No : _____ Mob: _____

Email: _____

Grievance details: (please provide a detailed description or explanation of event or appeal)

[Use extra paper if necessary and attach]

Please supply the name of all persons involved (where relevant):

What is the desired outcome in regards to this matter?



| |
|---|
| Office use: Received by: _____ Date: _____ |
| Name of person dealing with this matter: _____ Have all persons involved been notified? Y / N NOTE: All documents must be given to the office |
| Have you: <input type="checkbox"/> spoken / meet with all persons involved <input type="checkbox"/> reviewed the clients file <input type="checkbox"/> discussed matter with facilitator <input type="checkbox"/> sought advice externally (if necessary) |
| Conclusion or ongoing investigation: |
| Outcome or proposed outcome: |
| Complaint resolved: Name: _____ Sig: _____ Date: _____ |

