

Details of person filing the Complaint Form

Surname:		Title:	
First Given Name:			
At EduNex Training I am a:	<input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Staff Member <input type="checkbox"/> Other		
Preferred Contact Method and Details:			
Course Code and Title:			
Trainer / Assessor Name:			

Complaint Details

Please attach any supportive information or documentation if relevant to your Complaint.	
Date and Time of Occurrence:	
People Involved:	
Provide a summary of your Complaint. Please include any background information that will help our investigation:	
Occurrences leading up to this Complaint:	
What outcomes are you seeking or expect?	
Can we improve our system to avoid these situations in the future?	

Declaration:

I confirm that I have read the EduNex Training Complaints Handling Policy and Procedure.

I understand that in making this Complaint;

- My Complaint will be acknowledged and will be forwarded to the CEO for managing the Complaint.
- The information I provide will be treated with appropriate confidentiality and will not be disclosed to a third party unless required for the management of my Complaint or by Law.

By signing this Complaints Form, I certify that the information provided is true and correct.

Signed: _____

Date: ____ / ____ / ____