OnRoad OffRoad *Training*

COMPLAINTS & APPEALS FORM

Date raised ____/____/____

CAF No. _____

Name of person initiating CAF

_____

REASON(S)	TICK
Customer Complaint / Grievance / Appeal	
Essential Standard non-compliance	
Condition of Registration non-compliance	
Staff Complaint / Issue	
Other (specify)	

Section 1

Complaint/ Appeal / Problem:

Cause:

Section 2

Action to be taken:

Who:

When:

Action required by : ____/____/____ Signed_____.
Training Manager

Section 3

Agreed action completed and effective

Signed : _____ ____/____/____.
Training Manager