

COMPLAINTS AND APPEALS REPORT

Date raised / /

CAR No.

Name of person initiating CAR

REASON(S)	TICK
Student Complaint / Grievance / Appeal	<input type="checkbox"/>
Essential Standard non-compliance	<input type="checkbox"/>
Condition of Registration non-compliance	<input type="checkbox"/>
Staff Complaint / Issue	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

Section 1

Complaint/ Appeal / Problem:

Cause:

Section 2

Action to be taken:

Who:

When:

Action required by : / / Signed _____

Director / Training Manager

Section 3

Agreed action completed and effective

Signed : _____ / / .

Director / Training Manager