

## Complaints/Appeals Register Pro-Forma Document

Name:	
Address:	
Phone number:	
Date incident occurred:	
Does this incident involve another trainer/student/staff member?	
	-
Details of Complaint:	
Companyants	
Comments:	



What actions have to be taken to attempt to resolve this issue?
What actions would you like to see implemented or occur in this instance?
I have read and understood Southern Cross Rail Training Complaints/Appeals Policy and Procedure
Document 44.
Name: (print)
Signed:
Date:



Written Feedback to be given by:
NB: Written complaints will be dealt with within fifteen (15) days.
Outcome:
If outcome is <u>unsatisfactory</u> , referred on to:
Name:Date:
Organisation:
Follow up required and by who:
Follow up outcome:
Signed:
Position:
Date: