KELYN TRAINING SERVICES

COMPLAINTS AND APPEALS FORM

Name of Complainant/Appeal:		Date:	……/……/
Contact Details:			
Reason For Complaint/Appeal (please Circle)	KELYN TRAINING SERVICES or its trainers/assessors' and other staff (employed or contracted)		
	A third-party providing services on behalf of KELYN TRAINING SERVICES's, its trainers, assessors or other staff		
	A learner of Kelyn Training Services		
	Appeal a decision (assessment or other decision)		
Unit/s of competency			
Nature of Complaint/Appeal (Please provide as much relevant detail as possible) _____ _____ _____ _____ _____			
Date Received for recording:		Anticipated response timeframe:	
Outcome / Comments by Director, delegated officer or impartial representative _____ _____ _____			
Add to Continuous Improvement Register:	Yes/No	Date Added to Register:	/ /