



Complaints and Appeals Form

The following is a cover sheet to support your complaint/appeal. It should be used to outline your complaint/appeal with any supporting documentation to be attached.

Please indicate what your grievance is (tick the appropriate box below):

Complaint

Initial notification of your dissatisfaction or an issue that has occurred

Appeal

Application to have the outcome of a complaint reviewed due to dissatisfaction with the process that has been followed in dealing with the initial complaint or to have an assessment decision reviewed.

Date of submission:		
Name of Complainant:		
Detailed Description Of Complaint/ Appeal: (Include an outline of your complaint/appeal with details of dates and people involved)		
Name (Print):		Date:
Signature:		

Office use only	
Date received <input style="width: 100px; height: 20px;" type="text"/>	Officer Initial <input style="width: 60px; height: 20px;" type="text"/>
Date Acknowledged <input style="width: 100px; height: 20px;" type="text"/>	
AITI Follow-up Actions:	
<hr/>	
<hr/>	
Manager's signature: _____	Date: ___ / ___ / _____

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