

Complaints and Appeals Form (William Adams Institute of Training)

Instructions:

- Please complete this form to lodge a complaint or appeal related to your experience with William Adams Institute of Training.
- Sections marked with an asterisk (*) are required.
- Please submit this form to: training@wadams.com.au or in person to William Adams Institute of Training reception

How would you prefer to be contacted regarding the resolution?

Email

Phone

Mail

* Personal Information:

Candidate Name: _____

Candidate ID: _____

Contact Number: _____

Email Address: _____

Course/Program Name: _____

Campus/Location (if applicable): _____

* Nature of Request:

Type of Request: Complaint Appeal

Date of Incident: _____

Description of Incident/Issue:

* Details of Complaint or Appeal:

Specific Module/Unit (if applicable): _____

Trainer/Assessor Involved (if known): _____

Additional Witnesses (if any):

Relevant Documentation (if any): _____

DOCUMENT TYPE	FORMS & RECORDS	DOCUMENT OWNER	LEARNING & DEVELOPMENT
DATE OF EFFECT	18/12/2023	LAST REVISION DATE	18/12/2023
DOCUMENT NUMBER	P&C4059	TOTAL PAGES	2
RELATED STANDARD/S	ISO 9001:2015/ 7.0 Support/7.1 Resources	PAGE NUMBER	1

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*** Resolution Sought:**

Please describe the resolution you are seeking: _____

*** Acknowledgment and Contact:**

I acknowledge that I have read and understood the William Adams Institute of Training Complaints and Appeals Policy (P&C1018).

Signature: _____ Date: _____

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