



Complaints & Appeals form

Information for applicant:

- Complaints should only be lodged in writing if you have been unable to resolve your issue or concern informally
- Appeals should only be lodged to review a decision that has previously been made and must be made within ten (10) working days of the original decision having been made
- You will receive acknowledgement of your lodged complaint/appeal within two (2) working days upon Fire Industry Training (FiT) having received your complaint/appeal
- FiT will endeavour to resolve complaints and appeals within a reasonable timeframe - usually twenty (20) working days upon receipt of the written complaint/appeal or as soon as practicable. However, in some cases, particularly if the matter is complex, the resolution may take longer
- Applicants may be asked to provide additional information to support their complaint/appeal
- Please complete ALL fields on this form
- Please submit the completed form to the Training Manager.

Applicant details

Title		First Name			
Last Name					
Email					
Phone (home)		Mobile phone			
Home address No. & Street					
Suburb		Postcode		State	
Postal address (If different)					
Suburb		Postcode		State	

Complaint/Appeal Details

Type	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	<input type="checkbox"/> Assessment Appeal
Does your complaint involve behaviour by a FiT staff member?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - whom:	
Have you reported your complaint to any other agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - whom:	

Complaint / Appeal Summary. Please outline what has occurred. If necessary, attach an extra page to outline the details and any supporting documentation should also be provided (copies required only).



Complaints & Appeals form

To be completed by FiT

Outcome of Complaint / Appeal

Declaration

Applicant Declaration:

By signing this declaration, Iverify that - the above information is true and accurate, & I have not provided any false or misleading information.

Signature: Date:

This section must be completed by Parent/Guardian if applicant is under 18 years of age:

Name:

Signature: Date:

OFFICE USE ONLY			
Date Complaints & Appeals form received?	DD / MM / YY	Person responsible for actioning Complaint/Appeal?	
Entered on Complaints & Appeals Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Priority Assigned?	Monitor / Low / Medium / High
Date Entered		Entered by?	