

COMPLAINTS AND APPEALS FORM



Please ensure that you have read our Complaints and Appeals Policy available on our web site at:
<https://www.lifeint.com.au> then click ABOUT US/OUR POLICIES

PERSONAL DETAILS					
Surname/Family Name					
Given Names					
Gender	Male		Female		Date of Birth / /
Postal Address					
		Town:	State:	Postcode:	
Telephone	Home:		Mobile:		
Email					
COMPLAINT & APPEAL DETAILS					
Date of Incident: / /		Time of Incident:			
Location of Incident:					
Details:					
Student Declaration		I certify that all details I have provided on this form are true and correct.			
Signature:				Date: / /	
This form is to be lodged by post, fax or email to:					
Managing Director, Life International Training, PO Box 48, Bulimba QLD 4171					
Fax: (07) 3899 3769 Email: mark@lifeint.com.au					
OFFICE USE ONLY – MANAGING DIRECTOR TO COMPLETE					
Date received: / /		Complaint Number:			
Action taken:					
Complainant sent written confirmation of complaint received?		Yes		No	
Complainant sent written statement of action taken?		Yes		No	
Complaint referred to third party?		Yes		No	
Time taken to resolve complaint:					
Finalised by:		Sign:		Date: / /	