

Complaints and Appeals Form (MA-GT003-01)



This form comes from the following procedure: [MA003 Complaints and Feedback Procedure](#)

Staff member registering complaint

Your Name: _____

Date and time the complaint was received: _____

Client Information

Client's Name: _____

Address: _____

Contact Details: _____

E-mail: _____

Client: Employer Apprentice Parent Other: _____

Details of Complaint

Date the issue occurred: _____

Location: _____

Specific Concerns: _____

Name of other contacts:
(if applicable) _____

Additional information: _____

*Present completed form to Administrative Project Officer
(if they are not available ensure that it is given to the General Manager)*

Referral (to be completed by the General Manager)

Name of GTNT officer the complaint was referred: _____

Date the complaint was referred: _____

Action taken (to be completed by the relevant Department Manager)

Outcome of the complaint: _____

Date the complaint was finalised: _____

Internal action required:
(policy change, staff training etc) _____

This form also relates to the following other forms: [MA003-02 Complaints and Feedback Register](#)