

## PARTICIPANT COMPLAINTS AND APPEALS FORM

TO BE FILLED OUT BY THE PARTICIPANT AND SUBMITTED TO EITHER YOUR TRAINER OR THE MANAGER.

<b>PARTICIPANT NAME:</b>		<b>PARTICIPANT ID NUMBER:</b>	
<b>ADDRESS:</b>			
<b>TELEPHONE:</b>		<b>DATE OF INCIDENT:</b>	
<b>COURSE:</b>		<b>TYPE OF INCIDENT: COMPLAINT <input type="checkbox"/> APPEAL <input type="checkbox"/></b>	
<b>Describe the nature of the complaint/appeal:</b>			
<b>DESCRIBE ANY EFFORTS MADE TO RESOLVE THE ISSUE:</b>			
<b>PARTICIPANT SIGNATURE:</b>		<b>DATE:</b>	

### For Office Use Only

<b>Detailed Action Taken:</b> ..... ..... ..... .....			
<b>CONTINUOUS IMPROVEMENT REQUEST RAISED: <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		<b>DATE CIR RAISED:</b>	
<b>CIR RAISED BY:</b>		<b>NOTE: PLEASE ATTACH COMPLETED FORM AND ANY OTHER SUPPORTING EVIDENCE AND SUBMIT WITH CIR TO THE MD WITHIN 24 HOURS.</b>	
<b>SIGNED:</b>		<b>DATE:</b>	
<b>CIR RECEIVED BY THE MD <input type="checkbox"/> YES <input type="checkbox"/> NO</b>		<b>ALLOCATED CIR No.:</b>	
<b>SIGNATURE OF THE MD:</b>		<b>DATE:</b>	