



Please read the Complaint and Grievances Policy and procedures prior to completion of this form

**PERSONAL DETAILS**

NAME OF LEARNER:

NAME OF UNIT, COURSE  
OR QUALIFICATION BEING UNDERTAKEN:

**GRIEVANCE DETAILS**

STATE CLEARLY AND CONCISELY THE NATURE OF THE COMPLAINT OR GRIEVANCE AND THE NAMES OF PERSONS INVOLVED:

**ATTEMPTED RESOLUTION OF GRIEVANCE**

STATE CLEARLY AND CONCISELY WHAT STEPS HAVE BEEN TAKEN ALREADY TO RESOLVE THE COMPLAINT OR GRIEVANCE:



**DECLARATION**

I CONFIRM THAT THE INFORMATION OUTLINED WITHIN THIS FORM IS TRUE AND ACCURATE

SIGNATURE:

DATE:

**OFFICE USE ONLY**

DATE RECEIVED :

FORM RECEIVED BY:

DATE RECORDED IN CONTINUOUS IMPROVEMENT REGISTER:

OUTCOME:

**Please submit this form to:**

**Jo Viegas**

GENERAL MANAGER

**A** PO Box 301 Guildford WA 6935

**E** joviegas@scopevision.com.au