

Complaints Handling Form

Surname:		Title:	
First Given Name:			
Course title:			
Trainer / Assessor:			
Date of occurrence:			
Reason for your submission:			
Occurrences leading up to this submission:			
What outcomes are you seeking or expect:			
Can we improve our system to avoid these situations in the future:			

By signing this form, I certify that the information provided is true and correct.

Signed: _____

Date: ____ / ____ / ____

Blue Cross First Aid Institute Action		
Action to be taken:		
CI Register No:	To be followed up by:	
Sign:		Date: