

LogiKal Training is committed to improving services for its students. If you have a concern about any part of the services provided to you, please complete and return this completed form to a LogiKal staff member or emailed to the CEO at blockett@logikalprojects.com

Student Name:	Date:
Student No:	Telephone No:
Email:	
Address:	Postcode:
Course / Units enrolled in:	
Have you approached a LogiKal Trainer in an attempt to resolve this issue through an informal process?	
Yes <input type="checkbox"/> / No <input type="checkbox"/>	

Please state the nature of your complaint or appeal including dates, times and other people involved

Student Signature _____ Date _____

Training Manager _____ Date _____

Management Use:

Expected Resolution Date _____

(On or before 60 calendar days from the date of lodgement unless otherwise notified)

Proposed Resolution of Complaint:

Date of Student Notification: _____

Referred to Independent Adjudication: Date: _____

Date of Resolution: _____

Management Sign Off: _____

Follow Up Required:

Improvement Strategy:

Decision outcome entered into the Continuous Improvement Register:

Yes No