

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"/>	

Patient Information	
First Name	
Last Name	
Address	
City	
State	
Zip	
Phone	
Medical History	
Allergies	
Current Medications	
Previous Surgeries	
Family History	
Social History	
Physical Examination	
Vital Signs	
Laboratory Tests	
Imaging Studies	
Diagnosis	
Treatment Plan	
Follow-up	

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