# Complaints Handling Form

Please complete the form below and return it to: uqskills-complaints@uq.edu.au

|  |  |
| --- | --- |
| Complaint details |  |
| Title: |  |
| Surname: |  |
| 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_