

Complaint Form

Complaint Form	
Full Name of person lodging the complaint	
Staff member/Student/ Third party registering a complaint?	
Date of incident:	
Complaint details:	
Date of complaint lodgement:	
Complainant Signature:	
Completed complaint form can be emailed to the management of Heed Health Education at info@heededucation.com.au	
For Office Use Only:	
Proposed Solution (Response from Management)	
Date of advice to complainant:	
Referred to Independent Adjudication:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resolved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
CEO's Signature:	