

COMPLAINTS PROGRESS FORM



PERSONAL DETAILS	
Name:	
Contact number:	
Course: (If course related)	
Action by AILC Staff	
Notes and Determination:	
Review by: Position Held:	
Date:	
Office Use only:	<input type="checkbox"/> All parties notified in writing Date:..... <input type="checkbox"/> All parties satisfied with outcomes Date: <input type="checkbox"/> All parties advised of external arbitration Date:
Actions agreed to resolve complaint - implemented	<input type="checkbox"/> Signed:.....
Action: Referred to Independent Arbitrator (If applicable)	
Notes and Determination:	
Arbitrator Name:	Date.....
Further Action required	

ACKNOWLEDGEMENT/ PRIVACY

I declare that all of the information provided on this form is true and correct, to the best of my knowledge

Name:	Signature:	Date:
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The information provided on this form will be used to resolve your appeal. None of the information provided on this form will be disclosed to anyone outside of the AILC without your permission.

OFFICE USE ONLY

Received by staff member: Date:

Compliant outcome:

- All parties notified in writing Date:
- Compliant outcome recorded in register Date:
- All documentation uploaded in folder Date:.....
- Compliant closed