



NAFET

National Academy of Further Education & Training

COMPLAINTS & APPEALS FORM

National Academy of Further Education & Training requires as much detail as possible about your complaint so that we have as much information as possible to address it accurately and thoroughly. This form is to be completed if informal dispute resolution has not been successful. Please submit this form to the Administration Department.

Full Name:	Date:	/	/
Position: Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Other <input type="checkbox"/>	_____
If student, please supply ID No.			
Course undertaking:			
Teacher:			
Date of event complaint refers to:	/	/	

Detailed explanation of complaint / appeal (You may wish to attach further documentation.)

Please give details of the outcome you are seeking.

(If complaint received in person) I agree that all the information provided is true and correct

Signature:	Date:
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Office Use Only	
Complaint received by:	<input type="checkbox"/> Phone <input type="checkbox"/> Email (Attached) <input type="checkbox"/> Fax <input type="checkbox"/> In person
Complaint type:	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal
(If complaint received via telephone) I agree I have recorded an accurate description of the complaint / grievance / appeal	
Signature:	Date:
Staff member Name (print):	

Action Taken

Date and details of how the complainant was advised of the outcome

NAFET Management

Name:		Signature:	
Position:		Date:	

Privacy Notice: The information provided on this form will be used by NAFET to follow up your complaint. The information may be provided to NAFET or departmental staffs who are in a position to remedy your complaint; or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.



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COMPLAINT OUTCOME

NAFET has investigated your issue and has based the outcome on all relevant information gathered from various sources. We strive to be fair, equal and unbiased when dealing with any issue. Below we have explained the outcome and reasons/action taken in relation to your complaint / appeal. If you wish to access an independent body to reassess your complaint / appeal, please contact the Administration Department.

Full Name:	Date:	/	/
Position: Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Other <input type="checkbox"/>	_____
If student, please supply ID No.			
Course undertaking:			
Teacher:			
Date of your complaint: / /			

Brief details of your complaint / grievance / appeal

Outcome details including reasons

NAFET Management			
Name:		Signature:	
Position:		Date:	



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