



## STUDENT COMPLAINT FORM

PEAK Training encourages any complaints or concerns, in the first instance, to be raised directly with the person(s) involved. If your concern has not been resolved satisfactorily, please complete this form and submit to the PEAK Team to discuss the matter further.

Student Name:	Date:
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Provide full details of complaint (i.e. date, time, place, people involved, background information, etc.)  
*Please attach additional pages if required*

To be signed by the Student that information provided is true and accurate

Signature:	Date:
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### PEAK Training Use Only

Detail action(s) to be taken to resolve the complaint
Detail the outcome(s) of action taken
Identified action(s) for continuous Improvement:

Learner advised of outcome(s)

Signature:	Date:
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— Completed

— Not yet completed