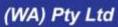
Progressive Training ™



RTO 5274





Title:	Complaints and Grievance	s Form	FORM HR 4.13.01
Complainant Name:			Date:
Address:			
Contact No's	Home:	Work:	
	Nature of complaint or gr	ievance:	
	Where did it happe	n?	
	Supporting docume	nts:	
	How has this affected	you?	
	Complainant suggested s	solution:	

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Prepared by:	Stacey Ackley	Title:	Complaints & Grievances	Issue Date:	September 2012
Reviewed by:	Tanja Parry	Code:	HR 4.13.01	Last Reviewed:	Oct 2020
ONCE THIS FORM HAS BEEN UPDATED. ENSURE THE LATEST VERSION IS UPLOADED ONTO THE WEBSITE					

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Complainant Signature:				
OFFICE	USE ONLY			
Reported to:	Position:			
Date Complaint Received:	Complaint Received: Time Received:			
Signature:				
Resc	olution:			
CEO/Directo	r's Comments:			
Resolved: Yes No		Date:		
Follow up required: Yes No	Details:			
Arbitrator required: Yes No				
CEO/Director's Signature:		Date:		
Reporti	ng Details			
Reported to Staff or Management Meeting on: Date:				
Details of corrective action taken to mi	tigate the likelihood	d of re-occurrence:		
CEO/Director's Signature: Date:				

This document is UNCONTROLLED in hard copy – <i>Progressive Training (WA) Pty Ltd</i>					
Prepared by:	Stacey Ackley	Title:	Complaints & Grievances	Issue Date:	September 2012
Approved by:	Management Team	Code:	HR 4.13.01	Last Reviewed:	March 2018
Reviewed by:	Casey Taylor	Document:	Form	Version:	1.8
ONCE THIS FORM HAS BEEN UPDATED. ENSURE THE LATEST VERSION IS UPLOADED ONTO THE WEBSITE					