



Complaint and appeals form

Submission date

Complaint number

To be completed by the student

Learner Details

Surname

Given names

Date of birth

/ /

Gender

Male

Female

Home address

Suburb

State

Postcode

Home Phone

Mobile

Email address

Employment Details (if applicable)

Pharmacy name

Pharmacy
address

Suburb

State

Postcode

Phone number

Fax number

Pharmacy e-mail

Workplace Supervisor Details (if applicable)

Surname

Given names

Role/position in pharmacy

Nature of complaint – Briefly outline the nature of the complaint, appeal or decision you want reviewed

What outcomes do you seek from this process?

Do you wish to submit any evidence or provide any additional information or documentation? Please list below.

Do you wish to be supported by another person during this process? Please list below.

Permission	
I _____ give permission for this matter to be discussed with the appropriate parties and for any documents provided to be made available to the appropriate parties.	
Signatures	
Student	Training Manager
Date	Date

To be completed by Guild Training

Resolution process

Name	
Date received	

Describe actions taken to resolve complaint/appeal

Results of investigation or meeting with student

Agreed actions - list actions agreed to by Guild Training and student below		
Action	Responsibility	Date

Completed outcomes	Date completed

Signatures	
Student	Training Manager
Date	Date