

COMPLAINTS & APPEALS FORM

COMPLAINTS & APPEALS

The first step in circumstances where a client service issue needs to be resolved, is for the client to discuss the issue with their trainer or local representative that the complaint/appeal is with, to attempt to resolve the matter.

If the issue is unable to be resolved locally, Icon must be notified in writing of the complaint/appeal to allow the commencement of formal procedures. In such cases, this form is to be submitted with any additional supporting evidence **within ten (10) days** and managed in accordance with the Icon Complaints and Appeals Procedure as documented in the Icon Complaints and Appeals policy which can be found on-site or online at icontraining.com.au.

The complainant is asked to detail below the nature of the complaint/appeal, including dates and times. Once the Complaints and Appeals Form is completed it must be sent to reception@icontraining.com.au, or delivered to Icon’s Manager in person, or via post to 5036/33 Robina Town Centre Dr, Robina 4230, Qld.

In accordance with the Complaints and Appeals process, Icon’s Manager will contact the complainant within the stipulated time-period. Once a decision is made, all parties will be contacted and advised of the outcome. If you are not satisfied with the outcome from the proceedings you may escalate the matter to the identified parties in Icon’s Complaints and Appeals Policy.

If more room is required, please type electronically and attach with this form along with any additional evidence you wish to submit.



COMPLAINT/APPEAL FORM

DATE OF COMPLAINT/APPEAL

COMPLAINANT DETAILS

Name

Email

Phone Number

TRAINER/STAFF DETAILS

Name

Email

Phone Number

DETAILS OF COMPLAINT/APPEAL

Name

Signature

Date Signed

COMPLAINT/APPEAL FORM

MANAGEMENT OUTCOME

The management team member that has conducted the investigation is required to provide an overview of the information collected during this process. Please attach the notification sent to the complaint and file in the Complaints Folder.

Name of Case Manager	Signature	Date Signed

**PLEASE COMPLETE AND SEND THIS FORM TO RECEPTION@ICONTRAINING.COM.AU
OR CALL 0739 241 282 FOR UPDATES ON YOUR COMPLAINT OR APPEAL.**