



Complaints Progress Form

SECTION 1 – Complainant Details

Name:		Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Email:		Tel/ Mobile:				

SECTION 2 – ACTIONS: Director

Director ALL STATES TRAINING – Review and Determination

Reviewed by :		Date:	/	/
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Notes :

Director Determination :

<input type="checkbox"/> All Parties Notified in writing	Initial		Date:	/	/
<input type="checkbox"/> All Parties Satisfied with Outcome					
<input type="checkbox"/> All Parties advised of External Arbitration	Initial		Date:	/	/

Actions agreed to resolve complaint – implemented

<input type="checkbox"/>	Initial		Date:	/	/
<input type="checkbox"/>	Initial		Date:	/	/
<input type="checkbox"/>	Initial		Date:	/	/
<input type="checkbox"/>	Initial		Date:	/	/
<input type="checkbox"/>	Initial		Date:	/	/

Director Signature :		Date:	/	/
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SECTION 3 – ACTIONS: Referred to Independent Arbitrator

Independent Arbitrator Review and Determination

Arbitrator Name :		Date:	/ /
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Arbitrator Notes :

Independent Arbitrator Determination :

ALL STATES TRAINING Further Actions (as a result of External Arbitrator Determination) :

Director Signature :		Date:	/ /
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SECTION 4 – Complaint Finalised

<input type="checkbox"/> All Parties Notified in writing	Initial		Date:	/ /
<input type="checkbox"/> Complaint Outcome recorded in Register	Initial		Date:	/ /
<input type="checkbox"/> Complaint Outcome recorded in SMS	Initial		Date:	/ /
<input type="checkbox"/> Complaint Closed	Initial		Date:	/ /

Director Signature :		Date:	/ /
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