

# Complaint Form

Action will be taken in accordance with FACT Complaints Policy.

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## Section 1

*Student making complaint to complete Section 1*

**Nature of complaint:**

**Proposed outcome:**

**Witness name:**  
(if applicable)

**Location:**

**Student name:**

**Student signature:**

**Date:**

## Section 2

*FACT Team member receiving form to complete Section 2*

**Comments:**

**Staff member name:**

**Staff signature:**

**Date:**

**Forwarded to:**

**CEO**

**Training Manager**

**Third Party**

**Date:**

*Staff member conducting the investigation of the complaint is to attach a detailed report to this form.*