**ISMAA - Complaint Lodgement Form**

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| **Contact Details** |  |
| Name |  |
| Date |  |
| Phone |  |
| Email |  |
| **Case Details** |  |
| Unit/Qualification/Course (if applicable) |  |
| Service (if applicable) |  |
| Location (if applicable) |  |
| People Involved (if applicable) |  |
| Witnesses (if applicable) |  |
| **Complaint Details** |  |
| Please detail your Complaint   * what is it that do you disagree with? * What do you believe was done incorrectly? |  |
| Please identify, what you believe to be, a reasonable solution |  |
| **Signature (Complainant)** |  |

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| **E-Oz Response** |  |
| Date |  |
| Staff Member (if appropriate) |  |
| Response to above detailed complaint |  |
| Suggested Solution to above detailed complaint |  |
| **Signature (Staff member)** |  |
| **Decision and Actions** |  |
| Decision |  |
| Agreed Further Action |  |
| **Signature (Complainant):** |  |
| **Signature (Staff Member):** |  |
| **Signature (2 x E-Oz Managers)** | Signature: Signature:    Name: Name:  Position: Position: |
| **Case Number** |  |