

## **INDUSTRY COMPLIANT TRAINING LTD**

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RTO CODE: 40825

Name:	Ca	ndidate ID Number:
Address:	•	
Telephone:	Da	te of Incident:
Course:		
Describe the nature of the appeal/ complaint:		
Describe efforts made to resolve the issue:		
	T_	
Signature:	Da	ate:
Office Use Only		
Detail Action Taken:		
Detail Action Taken		
Improvement Request Raised: ☐ Yes ☐ No	Date IR Raised:	
IR Raised by:		
Signed:		Date:
IR Received by the Administration Manager ☐ Yes ☐ No		Allocated IR Nº:
Signature of the CEO:		Date: