

NSW & ACT: 02 9467 7130 or learning@nsw.guild.org.au QLD: 07 3831 3788 or admin.training@qldguild.org.au TAS: 07 3831 3788 or admin.training@qldguild.org.au

WA: 08 9429 4100 or training@wa.guild.org.au VIC: 03 9810 9988 or training@vic.guild.org.au

SA: 08 8304 8300 or trainingsa@sa.guild.org.au NT: 08 8944 6900 or office@ntguild.org.au

Compliment, Compla	int and Appeals For	m			
Submission Date					
Compliment, Complaint, Appeal Number					
Compliment, Compla	int and Appeal Fron	n:			
Surname					
Given Names					
Business Name					
Home Address					
Suburb		State		Postcode	
Home Phone			Mobile		
Email Address					
Association with	☐ Learner ☐ Pharmacy ☐ Other				
Guild Training					
Learner Employment	Details (if applicabl	e)			
Pharmacy Name					
Pharmacy Address					
Suburb		State		Postcode	
Phone Number			Fax number		
Pharmacy e-mail					
Learner Workplace S	upervisor Details (if	applicable)			
Surname					
Given Names					
Role/Position in Pharmacy					
Nature of complimer want reviewed	nt complaint – Briefl	y outline the na	ature of the comp	liment, compl	aint, appeal or decision you

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V	What outcomes do you seek from this process?	
•	What dated he you seek from this process.	
_		
D	Do you wish to submit any evidence or provide any additional in	formation or documentation? Please list below.
	Do you wish to be supported by another person during this pro-	ess? Please list below.
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Permission		
Iand for any documents provided to		on for this matter to be discussed with the appropriate parties le to the appropriate parties.
Signatures		
Student		Training Manager
Date		Date
Resolution Process This section to be completed by Guild	d Training	
Name		
Date Received		
Describe actions taken to resolve co	mplaint/appeal	

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Results of investigation or meeting with student		
Agreed Actions – list actions agreed to by Guild Training and learner below		
Agreed Actions – list actions agreed to by Guild Training and learner below Action	Responsibility	Date
	Responsibility	Date

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Completed Outcomes		Date completed
Signatures		
Student	Training Manager	
Date	Date	

For National Office Use Only	
Record in Register	Date
By Whom	

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