

NSW & ACT: 02 9467 7130 or learning@nsw.guild.org.au

WA: 08 9429 4100 or training@wa.guild.org.au

SA: 08 8304 8300 or trainingsa@sa.guild.org.au

QLD: 07 3831 3788 or admin.training@qldguild.org.au

VIC: 03 9810 9988 or training@vic.guild.org.au

NT: 08 8944 6900 or office@ntguild.org.au

TAS: 07 3831 3788 or admin.training@qldguild.org.au

Compliment, Complaint and Appeals Form					
Submission Date					
Compliment, Complaint, Appeal Number					
Compliment, Complaint and Appeal From:					
Surname					
Given Names					
Business Name					
Home Address					
Suburb		State		Postcode	
Home Phone			Mobile		
Email Address					
Association with Guild Training	<input type="checkbox"/> Learner <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____				
Learner Employment Details (if applicable)					
Pharmacy Name					
Pharmacy Address					
Suburb		State		Postcode	
Phone Number			Fax number		
Pharmacy e-mail					
Learner Workplace Supervisor Details (if applicable)					
Surname					
Given Names					
Role/Position in Pharmacy					
Nature of compliment complaint – Briefly outline the nature of the compliment, complaint, appeal or decision you want reviewed					

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What outcomes do you seek from this process?

Do you wish to submit any evidence or provide any additional information or documentation? Please list below.

Do you wish to be supported by another person during this process? Please list below.

TAS: 07 3831 3788 or admin.training@qldguild.org.au

Permission

I _____ give permission for this matter to be discussed with the appropriate parties and for any documents provided to be made available to the appropriate parties.

Signatures

Student	Training Manager
Date	Date

Resolution Process

This section to be completed by Guild Training

[illegible]

[illegible][illegible]

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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	