



ALBRIGHTON CONSULTING TRAINING & SERVICES

Complaints, Grievances and Appeals Form

Albrighton Consulting and Training Services will respond to complaints promptly with minimum distress and absolute protection to all parties.

This form is to be used by staff or clients who wish to lodge a formal written complaint.

Name of Complainant _____

Contact Address _____

Contact Telephone _____

Contact Email Address _____

**To help us refer this matter to the appropriate personnel please describe the nature of the appeal/complaint.
(Write on the back of this form if necessary)**

Do you have a suggestion as to how this matter might be resolved?

Signed by: _____ Date: _____

Please return this form in an envelope marked confidential to the Office Manager, Albrighton Consulting & Training Services Po Box 73, Seaford Rise SA 5169.

Office Use Only:	Date Received:		Date Response Sent:	
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