

Contact details

Name:

Phone:

Email:

Postal Address:

Complaint/Appeal Details

What is your involvement with Healthguard in relation to this complaint/appeal?

Learner Employer Member of the public

Does your issue relate to an assessment process or assessment outcome? Yes No

If yes, please note your course name/date/location and trainer name here:

What is the nature of your complaint?

What do you believe is the cause/reason for this issue occurring?

What actions have you taken so far regarding this issue? E.g. Have you spoken anyone at Healthguard?

What outcome are you seeking? What do you expect to happen as a result of your complaint?

Declaration

By signing this form you certify that the information you have provided is true and correct.

Signature:

Date:

Please submit this completed form via email to info@healthg.com.au or send to the *Healthguard Main Office at 12/4 High Street Bayswater VIC 3153.*

You will be contacted by the Healthguard CEO regarding your complaint/appeal.
All complaints and appeals are treated seriously and handled confidentially.
Please refer to our Complaints and Appeals policy on our website for further details.