



**Internal Use Only**

Complaint Received		
Responsible Director -	Signature: _____	Date Received: ____/____/200____
Responsible Parties		
Training Co-Ordinator -	_____	
Program Manager -	_____	
Mediation Details		
Date Held: ____/____/200____	Time: _____	Venue: _____
Parties Attending Meeting:	_____	
Complaint Details:	_____	
Recommendation(s)		
_____		
Outcome (including rationale) forwarded to plaintiff? <input type="checkbox"/> YES    Date Sent: ____/____/200____		

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

Resolution Achieved? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please give appeal date: ____/____/200____
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