



Health Training Australia Continuous Improvement Form “Compliments, Suggestion, Concern”

CI No:	Date:		
Name: (Optional)			
Address: (Optional)			
Phone: (Optional)		Host Employer (Optional)	
Nature of Compliment, Suggestion or Concern			
Signature: _____			
Investigation Process:			
Investigation Outcome/ Recommendations:		Action taken to resolve:	
		Noted on CI Plan (Yes/No)	
Feedback To:		How (Verbal, Written, Etc)	
Date Resolved:		Resolved By:	