

Dispute / Resolution Feedback Form

SDS Training and Security

We need your feedback to assist SDS Training and Security to continue to improve the effectiveness of our processes including the dispute and resolutions processes.

Please assist us by completing this Dispute / Resolution Feedback Form.

Please relate your thoughts and experiences through the statements below; please attempt to focus on the process and not on the issue.

The resolution of the issue will be through a separate system; this process is to help future participants successfully lodge dispute and resolutions.

Name (optional):

Date:

Please indicate your opinion of the following statements by circling one (1) corresponding number:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--------------------------------------------------------------------------------------------------|-------------------|----------|----------------------------|-------|----------------|
| I knew of the dispute and resolutions process before making a dispute or a resolution. | 1 | 2 | 3 | 4 | 5 |
| I found information on how to make a dispute or a resolution easily. | 1 | 2 | 3 | 4 | 5 |
| I was provided with assistance in the dispute and resolution process freely and easily by staff. | 1 | 2 | 3 | 4 | 5 |
| My dispute or resolution was received objectively and without judgement. | 1 | 2 | 3 | 4 | 5 |
| The dispute and resolutions process was followed as documented in the policy. | 1 | 2 | 3 | 4 | 5 |
| I was provided with an opportunity to present my case. | 1 | 2 | 3 | 4 | 5 |
| I had access, if required, to an independent arbiter. | 1 | 2 | 3 | 4 | 5 |
| I was informed as to the outcomes of my resolution or dispute, in writing. | 1 | 2 | 3 | 4 | 5 |
| The dispute or resolution was resolved within a realistic and fair timeframe. | 1 | 2 | 3 | 4 | 5 |

Please use this space to make any additional comments:

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