CORRECTIVE ACTION RECORD

Date raised ____/____/____

CAR No. _____

REASON(S)	TICK
AQTF Standard non-compliance - staff	
Customer Complaint / Grievance	
Customer Appeal	
Quality System Non-conformance	
Other (specify)	

Section 1

Problem / Grievance / Appeal:

Section 2

Action to be taken:

Who:

Action required by : ____/____/_____Signed
.

Section 3

Agreed action completed and effective

Signed : _____/ /_____.
Vice President Education