COMPLAINTS AND APPEALS FORM

ABOUT THIS FORM

This form should be used to make a formal complaint or appeal about any aspect of the services provided to you by us or about our staff, another learner or a third-party providing services on our behalf. You may also use this form to dispute an assessment decision (assessment appeal)

Please include as much information as possible about your complaint or appeal as this will help us to resolve your complaint or appeal more efficiently.

Learners and complainants are to ensure they obtain a copy of our complaints and appeal procedure and follow the process outlined in the procedure for satisfactory determination of a complaint or appeal.

Learners and complainants are reminded any complaint or appeal containing threats of violence or clearly identified breach of Australian Laws shall be deemed non - complying and will not be considered under the terms of the complaints and appeals procedure. Further threats or breach of Australian Law shall be reported to the appropriate law enforcement agency.

Learners and complainants are reminded the maximum timeframe for the dealing with complaints and appeals is 30 days.

This form relates to a Complaint or Appeal (circle most appropriate circumstance).

STUDENT DETAILS

NAME	
ADDRESS	
EMAIL ADDRESS	
PHONE	

COMPLAINT OR APPEAL DETAILS

Please describe your complaint or appeal, including as much information as possible including relevant dates and persons involved. Attach any supporting evidence and reference them in your description.

COMPLAINT DETAILS

Time of Incident:_____ **Date of Incident:**_____

Location of Incident:_____

Parties Involved: _____

Witnesses:_____

What Happened:

APPEAL DETAILS

Time of Assessment:_____ **Date of Assessment:**_____

Location of Assessment:_____

Assessment tools Involved:_____

Assessor Name:_____

Statement of Claim for appeal:_____

What would you like the outcome of this complaint or appeal to be?

Include any other comments.

DECLARATION

I declare that the information provided by me to the best of my knowledge is accurate and truthful and can be used to investigate the complaint or appeal.

SIGNATURE	
DATE	

Please submit this form to our office via email, post or in person.

For Office use only

Action to be taken: (List the steps to be taken to resolve the matter)	Investigations			
Outcome of Complaint/Appeal (Tick only one option)	☐ **Resolved**	☐ **Not Resolved**	☐ **Pending**	☐ **Needs further action**
Comments/Notes (Only for not resolved, pending, needs further action)				
Date:		**CEO's Signature:**		