

COMPLAINTS & APPEALS FORM

COMPLAINANT NAME			TYPE OF COMPLAINT
COMPLAINANT PHONE			TTPE OF COMPLAINT
COMPLAINANT EMAIL			O Client to Client
DATE SUBMITTED			O Client to Staff
TYPE OF COMPLAINANT (PLEASE TICK)	O Student	O Employee	O Staff to student
	O Trainer	O Workplace Supervisor	O Student to work place supervisor
FORM SUBMITTED TO			O Staff to work place supervisor
OTHER PARTY/S INVOLVED			O Staff to staff
C&A REGISTER NO (IF KNOWN)			

Appeal's must be lodged within 7 days of initial result being determined. Refer to the Complaints & Appeals Policy in the Student Handbook for procedure.

DETAILS OF COMPLAINT/GREIVANCE/APPEAL							
APPEALS: Have you discussed this n	natter with your t	rainer in an attempt to reach a dec	ision? O YES	O NO			
Complainant is given the opportunity to complete a Complaints Report Form with this form.							
COMPLAINTS FORM ATTACHED	O YES	O NO					
COMMENT							
<u> </u>							

SIGNED BY	DATE				
O Form submitted to Training Manager DATE					
RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT					
Initial Meeting: (within 7 days)					
O Form submitted to Training Manager					
\bigcirc Initial meeting held to discuss with all parties involved in the complaint, in order to find a solution agreeable to all parties.					
O Solution found and remedied (Please continue to Appeal Outcomes section)					
 Further investigation required: (within a month) Referral to Training Manager or nominated person Referred to a third party/panel Referral to other services (ie counseling services or LLN) Referred to ASQA Complaints www.asqa.gov.au/complaints/making-a-complaint.html Referral to government body (ie police, hospital) Referral to funding body (ie DEC, DIISRTE) 					

The RTO is responsible for acting upon the subject of any complaint/appeal found to be substantiated.



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APPEAL OUTCOMES					
ACTION/RESPONSE TAKEN BY:		DATE			
	M COMPLAINANT				
O Satisfied with outcome					
O Dissatisfied with outcome – Further action required	0				
O Matter was dealt with within a reasonable timeframe O YES	O NO				
OTHER COMMENT:					
COMPLAINANT SIGNATURE:		DATE			
ACTION/MONITORING	DATE AC	CTION TAKEN BY			
O Opportunity for Improvement implemented					
O Actioned at Quality & Compliance Meeting					
O Policies and Procedures updated and implemented					
Filed into Complaints Register					

Please submit this form to the Training Manager

O Cross-referenced with Database