

# Complaints & Appeals Form



<b>Complainant Name</b>		<b>TYPE OF COMPLAINT</b> <input type="checkbox"/> Client to Client <input type="checkbox"/> Client to Staff <input type="checkbox"/> Staff to student <input type="checkbox"/> Student to work place supervisor <input type="checkbox"/> Staff to work place supervisor <input type="checkbox"/> Staff to staff
<b>Date Submitted</b>		
<b>Type of Complainant</b> (Please tick)	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Trainer <input type="checkbox"/> Workplace Supervisor	
<b>Form submitted to</b>		
<b>Other party/s involved</b>		
<b>C&amp;A Register No</b>		

*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 matter with your trainer in an attempt to reach a decision? Yes/No

Complainant is given the opportunity to complete a Complaints Report Form with this form.  
Complaints Form attached Yes/No

**Signed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Form submitted to Training Manager Date: \_\_\_\_\_

## RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT

### Initial Meeting: (within 7 days)

- Complaint raised
- Initial meeting held to discuss with all parties involved in the complaint, in order to find a solution agreeable to all parties.
- 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](http://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:

## FEEDBACK FROM COMPLAINANT

- Satisfied with outcome
- Dissatisfied with outcome – Further action required
- Matter was dealt with within a reasonable timeframe Yes/No

Other comment:

Complainant Signature:

Date:

ACTION/MONITORING	Date	Action taken by
<input type="checkbox"/> Opportunity for Improvement implemented		
<input type="checkbox"/> Actioned at Quality & Compliance Meeting		
<input type="checkbox"/> Policies and Procedures updated and implemented		
<input type="checkbox"/> Filed into Complaints Register		
<input type="checkbox"/> Cross-referenced with Database		

Please submit this form to the Training Manager