



COMPLAINT & APPEALS FORM

For terms and conditions details please refer to the AustCare Training Complaints and Appeals Policy.

SECTION A: PERSONAL DETAILS			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> MS <input type="checkbox"/> Miss <input type="checkbox"/> Other (please specify) _____		
Surname		First Name	
Postal Address			
		Postcode	
Home Phone		Work Phone	
Mobile Phone		Fax	
Email Address			
I am a	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Employer <input type="checkbox"/> Supplier <input type="checkbox"/> Other _____		
Please indicate which is applicable <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal			
SECTION B: REASON FOR COMPLAINT / APPEAL			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Victimisation	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Training Content/Information	<input type="checkbox"/> Services Provided	<input type="checkbox"/> Other	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Personal Conflict/Behavior		
<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination		
Name of Trainer / Assessor or other person			
Name & date of the course			
SECTION C: Nature of the Complaint / Appeal			
Outline the nature of the complaint			
What steps have been taken to resolve this issue?			

What action would you like to see occur?

SECTION D: WITNESSES / SUPPORT (if applicable)

The following person (s) were witness to this issue and have agreed to provide additional information

Name		Name	
Address		Address	
Phone		Phone	
Signature		Signature	

SECTION E: AGREEMENT

I have read and understood AustCare Training Complaints & Appeals Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issues. I agree that AustCare Training may conduct independent evaluation checks and that I may be required to submit further information upon request or attend a meeting to discuss this matter further.

Signature		Date	
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SECTION F: ADMINISTRATION USE ONLY

Received by		File Generated by		Managed by	
Name		Name		Name	
Signature		Signature		Signature	
Date		Date		Date	

SECTION G: ACTIONS / OUTCOMES

Acknowledgement letter sent:	Signature		Date	
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Detail Actions taken / progress

Date	Action	Outcome

Outcome at end of process



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Outcome advised to all parties	Signature		Date	
Complainant advised of options	Signature		Date	
Complaint Closed	Signature		Date	