

COMPLAINTS AND APPEALS FORM



This form is to be used to formally record lodgment of a complaint or appeal.

PART A – COMPLAINANT TO COMPLETE

Please complete with as much detail as possible. All personal details and complaint/appeal details will be kept private and confidential, permission will be requested if other parties are needed to come to a resolution.

1. Who is making the complaint (complainant)? <i>(tick as relevant)</i>		
<input type="checkbox"/> Course participant/student	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> Other
2. Reason for Complaint/Appeal <i>(tick the relevant reason or subject matter. More than one may be selected)</i>		
<input type="checkbox"/> Complaint	<input type="checkbox"/> Assessment conduct	<input type="checkbox"/> Course conduct/process
<input type="checkbox"/> Appeal	<input type="checkbox"/> Assessment result	<input type="checkbox"/> Behaviour/conduct
<input type="checkbox"/> Other (please specify):		
3. Specifics of the Complaint/Appeal <i>(please describe in more detail)</i>		
4. Complainant details and signature		
Name:		

Signature:

Date:

Contact phone number and/or email:

COMPLAINTS AND APPEALS FORM

This form is to be used to formally record lodgment of a complaint or appeal.

PART B – Safeguard Training & Services TO COMPLETE

Please complete with as much detail as possible. All personal details and complaint/appeal details must be kept private and confidential, permission from complainant must be requested if other parties are needed to be consulted to come to a resolution.

Office use only – Safeguard Training Staff member or representative must complete.			Tick when done
Checklist	Date	By whom (name)	
Complaint/Appeal received:			<input type="checkbox"/>
Written acknowledgment sent to complainant:			<input type="checkbox"/>
Details of immediate action sent to complainant:			<input type="checkbox"/>
Does the complainant wish to proceed with immediate action?	<input type="checkbox"/> Yes proceed	<input type="checkbox"/> No, sign off and close complaint	<input type="checkbox"/>
Do they require an advocate/other assistance to present their case?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, provide details in Specify action	<input type="checkbox"/>
Details of immediate action to be taken:			
Timeframe:	By whom:		
Specify action including any other assistance or persons to be involved:			
Results after immediate action has been taken:	<input type="checkbox"/> Further action needed	<input type="checkbox"/> Successful outcome, sign off and close complaint	
Specify Results:			
	Date	By whom (name)	

Results of immediate action sent to complainant:			<input type="checkbox"/>
Does the complainant wish proceed with further action?	<input type="checkbox"/> Yes proceed	<input type="checkbox"/> No, sign off and close complaint	<input type="checkbox"/>

Office use only – Safeguard Training Staff member or representative must complete.

Details of further action to be taken: (if required – leave blank if not):

Timeframe:	By whom:
Specify action:	

Results after further action has been taken:	<input type="checkbox"/> Still further action needed	<input type="checkbox"/> Successful outcome, sign off and close complaint
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Specify Results:

	Date	By whom:
Results of further action sent to complainant:		<input type="checkbox"/>
Does the complainant wish proceed with any further action?	<input type="checkbox"/> Yes proceed	<input type="checkbox"/> No, sign off and close complaint <input type="checkbox"/>

Details of further action to be taken: (if required – leave blank if not):

Timeframe:	By whom:
Specify action:	

Results after further action has been taken:	<input type="checkbox"/> Still further action needed	<input type="checkbox"/> Successful outcome, sign off and close complaint
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Specify Results:

	Date	By whom:
Results of further action sent to		<input type="checkbox"/>

complainant:			
Is the complainant satisfied with results?	<input type="checkbox"/> No, complete a new form	<input type="checkbox"/> Yes, sign off and close complaint	<input type="checkbox"/>

Office use only – Safeguard Training Staff member or representative must complete. RECORDED FINAL OUTCOMES		Tick when done
Agreed action completed and effective.		<input type="checkbox"/>
Written confirmation of completed and effective outcomes have been sent to complainant (attach a copy).		<input type="checkbox"/>
The complainant has confirmed satisfaction of results.		<input type="checkbox"/>
Is anything needed to ensure this event/situation does not occur again?	<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details in Specify action	<input type="checkbox"/>
Details of prevention strategies (if required, if not write N/A):		
Timeframe:	By whom:	<input type="checkbox"/>
Specify actions including any other assistance or persons to be involved:		
Results of prevention strategies:		
Comments:		

	Date	By whom (name)	
Complaint is closed and sent to compliance for official sign off			<input type="checkbox"/>
Signature			

Compliance use only		Tick when done
Complaint / Appeal recorded in Complaints Register	Date entered:	<input type="checkbox"/>
RTO Standard 6 – process followed		<input type="checkbox"/>
Ticket required	Ticket No.	<input type="checkbox"/>
Complaint / Appeal closed in Complaints Register	Date closed:	<input type="checkbox"/>
Name	Signatur	

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