## **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)? (tick as relevant) |                                       |                                  |  |
|--|---------------------------------------|----------------------------------|--|
| ☐ Course participant/student                                     | ☐ Trainer/Assessor                    | □ Other                          |  |
| 2. Reason for Complaint/App selected)                            | eal (tick the relevant reason or subj | ect matter. More than one may be |  |
| □ Complaint  | ☐ Assessment conduct                  | ☐ Course conduct/process         |  |
| □ Appeal   | ☐ Assessment result                   | ☐ Behaviour/conduct              |  |
| ☐ Other (please specify):  |                                       |                                  |  |
| 3. Specifics of the Complaint                                    | /Appeal (please describe in more d    | etail)                           |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
|  |                                       |                                  |  |
| 4. Complainant details and si                                    | gnature                               |                                  |  |
| 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.

| Checklist     Date     By whom (name)     done       Complaint/Appeal received:     □     □     □       Written acknowledgment sent to complainant:     □     □     □       Details of immediate action sent to proceed with immediate action?     □     □ Yes provide details in specify action     □       Dos the complainant wish to proceed with immediate action?     □ No. sign off and close complaint     □       Do they require an advocate/other assistance to present their case?     By whom:       Specify action       By whom:       Specify action including any other assistance or persons to be involved:    Results after immediate action has been taken:  Specify Results:    Further action needed   Successful outcome, sign off and close complaint   Successful outcome, sign off and close   Successful outcome, sign off and clo | Office use only – Safeguard Training Staff member or representative must complete. |           |          |                | when   |
|---|--|-----------|----------|----------------|--------|
| Written acknowledgment sent to complainant:  Details of immediate action sent to complainant:  Does the complainant wish to proceed with immediate action?  Do they require an advocate/other assistance to present their case?  Details of immediate action to be taken:  Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:   | Checklist  |           | Date     | By whom (name) | done   |
| Details of immediate action sent to complainant:  Does the complainant wish to proceed with immediate action?  Do they require an advocate/other assistance to present their case?  Details of immediate action to be taken:  Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:  | Complaint/Appeal received:   |           |          |                |        |
| Does the complainant wish to proceed with immediate action?  Do they require an advocate/other assistance to present their case?  Details of immediate action to be taken:  Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:    No, sign off and close complaint  | Written acknowledgment sent to compla  | ainant:   |          |                |        |
| immediate action?  Do they require an advocate/other assistance to present their case?  Details of immediate action to be taken:  Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:    No   Yes, provide details in Specify action   | Details of immediate action sent to com  | plainant: |          |                |        |
| Details of immediate action to be taken:  Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:  Specify Results:  Specify Results:  |  | vith      |          |                |        |
| Timeframe:  Specify action including any other assistance or persons to be involved:  Results after immediate action has been taken:  Specify Results:    Successful outcome, sign off and close complaint  |  | stance to | □ No     |                |        |
| Specify action including any other assistance or persons to be involved:    Results after immediate action has been taken:   Further action needed   Successful outcome, sign off and close complaint   | Details of immediate action to be take   | en:       |          |                |        |
| Results after immediate action has been taken:  Specify Results:    Successful outcome, sign off and close complaint  | Timeframe:   |           | By whom: |                |        |
| been taken:  Specify Results:   |  |           |          |                |        |
|   |  |           |          |                | ff and |
| Date By whom (name)   | Specify Results:   |           |          |                |        |
|   |  |           | Date     | By whom (name) |        |

| Results of immediate action sent to complainant: |         |                          |  |
|--|---------|--------------------------|--|
| Does the complainant wish proceed with further   | □ Yes   | □ No, sign off and close |  |
| action?  | proceed | complaint                |  |

| Office use only – Safeguarfd 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:  | □ Still furthe        | r action         | □ Successful outcome, sign off close complaint                         | and |
| Specify Results:  |                       |                  |  |     |
|   |                       | Date             | By whom:   |     |
| Results of further action sent to con   | nplainant:            |                  |  |     |
| Does the complainant wish proceed further action?                                   | with any              | □ Yes<br>proceed | □ No, sign off and close complaint                                     |     |
| 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:  | □ Still furthe needed | r action         | <ul> <li>□ Successful outcome, sign off<br/>close complaint</li> </ul> | and |
| Specify Results:  |                       |                  |  |     |
|   | Date                  |                  | By whom:   |     |
| Results of further action sent to   |                       |                  |  |     |

| complainant:                      |                      |                           |  |
|-----------------------------------|----------------------|---------------------------|--|
| Is the complainant satisfied with | □ No, complete a new | □ Yes, sign off and close |  |
| results?                          | form                 | complaint                 |  |

| Office use only – Safeguard Training Staff member or representative must complete. RECORDED FINAL OL |            | FS                                       | Tick<br>when |
|--|------------|--|--------------|
| representative must complete. RECORDED I MAE OC  | , i COIVI  | LO                                       | done         |
| Agreed action completed and effective.   |            |  |              |
| Written confirmation of completed and effective outcomplainant (attach a copy).                      | omes h     | ave been sent to                         |              |
| The complainant has confirmed satisfaction of results  | <b>S</b> . |  |              |
| Is anything needed to ensure this event/situation does not occur again?                              | □ No       | □ Yes, provide details in Specify action |              |
| Details of prevention strategies (if required, if not write  | e N/A):    |  |              |
| Timeframe:   | By wh      | om:                                      |              |
|  |            |  |              |
| Results of prevention strategies:  |            |  |              |
| Comments:  |            |  |              |

|  | Date | By whom (name) |  |
|--|------|----------------|--|
| Complaint is closed and sent to compliance for official sign off |      |                |  |
| Signature  |      |                |  |

| Compliance use only                                |               | Tick<br>when<br>done |
|--|---------------|----------------------|
| Complaint / Appeal recorded in Complaints Register | Date entered: |                      |
| RTO Standard 6 – process followed                  |               |                      |
| Ticket required                                    | Ticket No.    |                      |
| Complaint / Appeal closed in Complaints Register   | Date closed:  |                      |
| Name   | Signatur      |                      |

Number:TBAStatus:ActiveEffective: 1/12/2023Owner:Training coordinator RTO 90987Version:01Review:1/12/2024

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