

# Complaints & Appeals Form

|  |   |   |
|--|---|---|
| <b>Complainant Name</b>                    |   | <b>COMPLAINT AGAINST</b><br><input type="checkbox"/> Trainer<br><input type="checkbox"/> Student<br><input type="checkbox"/> RTO Staff Member<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Resources<br><input type="checkbox"/> Assessment Tools<br><input type="checkbox"/> Multisec Training |
| <b>Date Submitted</b>                      |   |   |
| <b>Who is complaining</b><br>(Please tick) | <input type="checkbox"/> Student <input type="checkbox"/> RTO Staff Member<br><input type="checkbox"/> Trainer/Assessor <input type="checkbox"/> Employer |   |
| <b>Form submitted to</b>                   |   |   |
| <b>Other party/s involved</b>              |   |   |
| <b>C&amp;A Register No</b>                 |   |   |

*Appeals must be lodged within seven days of initial result being determined.*

*Refer to the Complaints & Appeals Policy in the Student Handbook for the procedure.*

**Details of Complaint/Grievance/Appeal**

Assessment 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, if there is not enough room on this form for the complaint. Complaints Form attached Yes/No

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**Appeal Outcomes**

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**Action/Response Taken By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Feedback From Complainant**

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

Other comments:

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**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 RTO Manager or CEO**