

B.2.1: COMPLAINTS AND APPEALS FORM

Please use this form for lodging a complaint or appealing against a decision that Competency Training (RTO Number 31299) has made. In accordance with our Complaints and Appeals Policy (please contact us for a copy of this policy), a written complaint should be provided to Competency Training within 21 days of the issue having arisen. Where possible all non-formal attempts shall be made to resolve a complaint. This may include advice, discussions, and general mediation in relation to the issue. Any staff can be involved in this informal process to resolve issues.

Definitions:

Complaints arise when a client is not satisfied with an aspect of our services and requests that action be taken to resolve the matter.

Appeals arise when a client is not satisfied with a decision that has been made, often in relation to assessment, but which may also apply to other decisions such as an exclusion from a course.

This form can be returned via email to info@competencytraining.com or delivered to one of the following addresses;

Salisbury

Suite 1.1, The Construction Training Centre,
460-492 Beaudesert Road, Salisbury Qld 4107

Jandakot

10 Avior Avenue
Jandakot WA 6147

Part A: Participant Details						
First Name _____			Surname _____			
Email _____						
Mobile Phone _____			Home Phone _____			
Address Details						
Residential Address _____						
Suburb _____		State _____		Postcode _____		
Preferred contact method (please tick)			Telephone	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Course Completed						
Course Date						

Part B: Complaint/ Appeal Details	
Type	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal
Does your complaint involve behaviour by a Competency Training staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the details of the complaint or appeal (you may attached any supporting evidence if required)	

Have you taken any steps to resolve this issue? ☐ Yes ☐ No If yes, please provide details below

Signature

Date

Part C: Competency Training Use

Type

☐ Complaint

☐ Appeal

Date Received

Person Responsible
for Actioning

Assessment of Investigation:

Further actions required: ☐ Yes ☐ No If yes, please provide details below

Improvement to policy or procedure required ☐ Yes ☐ No If yes, please provide details below

Signature

Date

Form, outcome saved on file ☐ Yes