

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"/>	Email	<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