Complaints and Appeals Form (CONFIDENTIAL)

Please use this form for lodging a formal complaint or appeal against a decision that Competency Training (RTO Number 31299) has made. In accordance with our Complaints and Appeals Policy (Found in your Student Handbook), 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 request 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.

Complainant Details	
Name	
Postal Address	
Contact Details	
Company Employed By (If Relevant) ☐ N/A	

Details of Complaint				
CT Facility or Office Location associated with the Complaint				
Select the category or categories your complaint/s relates to	☐	Assessment Process	☐	Assessment Outcome
	☐	Academic Misconduct	☐	Misconduct
	☐	Quality of Learning Resources	☐	Quality of Assessment Resources
	☐	Health & Safety	☐	Refund/Re-Credit
	☐	Facilities	☐	IT Systems/Access
	☐	Enrolment/Administration	☐	Other (provide brief description below)

If the complaint is associated with a training course, provide the following details. ☐ N/A
Please provide a detailed description of the events surrounding the complaint, including relevant persons and dates *(attach further documents if more space is needed)*
What do you propose would be a satisfactory resolution?

Supporting Documentation		
Do you have any supporting documentation?	☐ Yes – Attached to this form	☐ No
If you are submitting supporting documentation, outline any restrictions on who can view the documents.		
☐ N/A		☐ No restrictions
☐ Restricted (Outline who your documents should not be reviewed by below)		
Signature of Complainant:		**Date:**

When completed please e-mail Complaints and Appeals Form and any supporting documents to *Compliance*

Office Use Only	
Date Complaint and Appeals From received by Compliance Team and recorded on Complaints Register	Date
Date allocated to responsible Manager and confirmed they have received it.	Date
Date Complaint/Appeal reviewed by responsible Manager	Date
Proposed resolution strategies agreed to prior to meeting with Complainant:	
Date responsible Manager met with Complainant to discuss resolution strategies	Date

Offered resolution strategies accepted by Complainant? ☐ No – Complainant informed of appeals process ☐ Yes ☐ Yes - with outlined amendments Outlined Amendments:
Furthers actions required ☐ Yes – Provide details below ☐ No
Improvement to policy or procedure required
☐ Yes – Provide details below ☐ No
Signature of responsible manager: **Date:**
Compliance Team completed form received from responsible Manager and Complaints Register updated **Date:**
Form outcomes save on file **Date:**