

# Complaints and Appeals Form



Complaint Number \_\_\_\_\_

Section A – Complaint to Completed			
Part 1 – Your Details			
Name:		Student Id: (If Applicable)	
Course Title:		Start Date:	
Address:		Phone Number:	
Employer: (If Applicable)			
Trainer/Assessor:			
I wish to lodge <input type="checkbox"/> Complaint <input type="checkbox"/> Appeal			
Part 2 – Reasons for lodging a complaint/appeal			
Describe your Complaint or Appeal			
Part 3 – Steps you have already taken			
Part 4 – Describe your desired outcome:			
Complainant's Signature:		Date:	

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Section B – Internal Use Only to be completed by an authorised Qualify Representative			
Part 1 – Complaint Reference:			
Complaint Reference Number:			
Date Received:		Received by: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> In person	
Received By:			
Referred To:			
Section C – OFFICE USE ONLY to be completed by an authorised representative			
Part 2 – Steps taken to resolve the issue:			
Action Taken:			
Notice of action taken by Manger: <ul style="list-style-type: none"> <li><input type="checkbox"/> Student informed of outcome (Email, Letter Attached)</li> <li><input type="checkbox"/> Attach any relevant evidence</li> <li><input type="checkbox"/> Student informed of outcome Verbally</li> <li><input type="checkbox"/> Student advised to seek appeal through external agency</li> <li><input type="checkbox"/> Other, please specify below:</li> </ul>			
Further action required:	<input type="checkbox"/> Yes <input type="checkbox"/> NO   Details of Further Action Required:		
Corrective Action required: <i>(complete CAR form if required)</i>			
Authorised by:		Signed off Date:	