



STUDENT DETAILS			
Name:	<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Given Name Family Name </div>		
Course Name:	_____		
Contact Details:	<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Home Number Mobile Number </div>		
Email Address:	_____ @ _____		
Address Details <i>Home Address:</i>	_____	_____	_____
	Street Name	Suburb	State Postcode
<i>Postal Address:</i>	_____	_____	_____
	Street Name	Suburb	State Postcode

COMPLAINT / CONCERN / APPEAL
<p><i>Please describe your complaint / concern / appeal fully, including any relevant background and previous actions you have taken to try to reach a resolution. Attach extra pages as necessary.</i></p> <p>Please list numbers of pages attached: _____</p> <p>Your Complaint / Concern / Appeal (strike out the non applicable)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>How would you wish this complaint/appeal to be addressed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



Notice of Complaint/Concern/Appeal



OFFICE USE ONLY

Note: A copy of this form showing date of receipt must be given to the student.

Received by:	_____ / ____ / _____ <i>Signature of staff</i> <i>dd</i> <i>mm</i> <i>yyyy</i>
Corrective Action Record Number (If required)	_____
Dispute heard by:	_____ <i>Name of person or panel</i> _____ / ____ / _____ <i>Signature</i> <i>dd</i> <i>mm</i> <i>yyyy</i>

OUTCOME

To be completed by the Training Manager

Complaint / concern/ appeal resolved	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____ / ____ / _____ If the complaint/concern/appeal was not resolved, an appropriate external and independent agent will be engaged to mediate between the parties. The student will need to attend mediation. The Training Manager will contact relevant parties with details of date, time and location.
Outcome Implemented/notice of finding given to appellant in writing.	<input type="checkbox"/> Yes Date: ____ / ____ / _____
Student satisfied with outcome	<input type="checkbox"/> Yes Date: ____ / ____ / _____
Recorded as completed in the Continuous Improvement Register	<input type="checkbox"/> Yes Date: ____ / ____ / _____
Signature:	_____ / ____ / _____ <i>Signature</i> <i>dd</i> <i>mm</i> <i>yyyy</i>

Copy to be provided to Student once resolved.