

Complaints Form

Complainant Details	
Name:	
Contact details:	
Date:	

Complaint Details	
Course:	
<p>Please outline your complaint:</p> <p><i>Please include an outline of the issue in detail</i></p> <p><i>What happened</i></p> <p><i>When did items occur</i></p> <p><i>Who was involved</i></p>	
Why do you think this issue has occurred?	
What actions would you like to happen in order to resolve this issue?	

Doc. Title	Complaints and Appeals Form				
Doc. No.	Doc-3419	Version Date:	30 Nov 2022	Version:	1.0
Doc. Owner	TAA Training Team	Doc. Approver	TAA Training Team		

Complaint Handling	
Complainant type:	<input type="checkbox"/> Student <input type="checkbox"/> Student Representative <input type="checkbox"/> Client <input type="checkbox"/> RTO Staff Member <input type="checkbox"/> Stakeholder <input type="checkbox"/> Third Party Partner <input type="checkbox"/> Other:
Complaint received by:	<input type="checkbox"/> By telephone <input type="checkbox"/> By email <input type="checkbox"/> In person <input type="checkbox"/> By letter / mail <input type="checkbox"/> By fax <input type="checkbox"/> Other:
RTO personnel receiving complaint:	
Complaint raised against:	<input type="checkbox"/> RTO <input type="checkbox"/> RTO Staff Member <input type="checkbox"/> Student of the RTO <input type="checkbox"/> RTO Third Party Partner
Details:	
Complaint handling allocated to:	
Identified primary cause of complaint:	<input type="checkbox"/> Time / Response Issue <input type="checkbox"/> Communication Issue <input type="checkbox"/> Training Product / Course Issue <input type="checkbox"/> Client Needs Not Defined Issue <input type="checkbox"/> Client Service Issue <input type="checkbox"/> Poor response to information request <input type="checkbox"/> Personnel Issue <input type="checkbox"/> Promises Not Delivered Issue <input type="checkbox"/> Other:
Further complaint details:	
Actions taken to resolve complaint:	

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Complaint Handling

Continuous
Improvement Record
raised:

Include reference number if applicable

Actions taken to
prevent reoccurrence:

- ☐ Update to course / training product
- ☐ Provision of additional information
- ☐ Amended system / policy / procedure
- ☐ Personnel training conducted
- ☐ Personnel support undertaken
- ☐ Other:

Written confirmation
to complainant:

☐ Attached

Date despatched:

Method of despatch:

RTO Manager name
& signature:

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Appeals Record

Appellant Details	
Name:	
Student Id #:	
Contact details:	
Date:	

Appeal Details	
Course:	
Unit(s) of competency relevant to the Appeal:	
Assessment tasks(s) relevant to the appeal:	
Assessor name:	
Please outline why you wish to Appeal the assessment result awarded: <i>Please include an outline of the issue in detail</i> <i>What happened</i> <i>When did items occur</i> <i>Who was involved</i>	

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Appeal Details

Why do you think this issue has occurred?

What actions would you like to happen in order to resolve this issue?

Appeal Handling

Appeal handling process allocated to:

Further appeal details:

Re-assessment process undertaken:

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Other actions taken to resolve appeal:	
Appeal outcome:	

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Appeal Handling

Continuous Improvement Record raised:	<i>Include reference number if applicable</i>				
Actions taken to prevent reoccurrence:	<input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure <input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other:				
Written confirmation to Appellant:	<input type="checkbox"/> Attached		Date despatched: Method of despatch:		
RTO Manager name & signature:					

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