

Complaints and Appeal Lodgement Form

SECTION 1 – Personal Details

Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Student Id:		Group No:	
Email:		Tel/ Mobile:	

SECTION 2 – Course / Unit/ Module Details

Code/Title:		Date:	/ /
State Nature:	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal		

SECTION 3 – Complainant and Appeal Declaration

I have read and understood the National Training College of Australia Complaints and Appeal Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that National Training College of Australia may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

I have tried to resolve the matter with the concerned NTCA staff.

Signature:		Date:	/ /
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SECTION 4 – Complaint and Appeal Details

Please tick the following areas to which your complaint/appeal relates:

<input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other <input type="checkbox"/> Other:	<input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/Behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Victimisation <input type="checkbox"/> Privacy Breach <input type="checkbox"/> Fees and Refund
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Does your complaint/appeal involve another person (e.g. Trainer/Assessor/other student)? YES NO

If yes, please provide their name:

Does your complaint/appeal involve witnesses? YES NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

SECTION 4(continued)

Please outline the nature/circumstances of your complaint/appeal:

What actions have you taken, to resolve this matter:

What action/resolution would you like to see occur/implemented:

Office Use Only

<input type="checkbox"/> Complaint/Appeal Form Received	Initial	_____	Date:	/	/	/
<input type="checkbox"/> Complaint/Appeal Lodgement recorded	Initial	_____	Date:	/	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	_____	Date:	/	/	/
<input type="checkbox"/> Complaint/Appeal Forwarded to Concerned Manager	Initial	_____	Date:	/	/	/

Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.