

# Complaints and Appeal Lodgement Form

## SECTION 1 – Personal Details

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

## SECTION 2 – Course / Unit/ Module Details

<b>Code/Title:</b>		<b>Date:</b>	/ /
<b>State Nature:</b>	<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.

<b>Signature:</b>		<b>Date:</b>	/ /
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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"/> Assessment Materials	<input type="checkbox"/> Services provided
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach
<input type="checkbox"/> Other:		<input type="checkbox"/> Fees and Refund

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:

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel/Mobile:</b>		<b>Tel/Mobile:</b>	



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

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