



Section One (to be completed by participant)	
Full Name	
Position of complainant/Appellant	
Phone	Email
Current Address	
If the complainant is student, please provide the following details	
Student ID	
Course Name	
Details of Complaint/Appeal	
<p>Complaint Details</p> <p>Date the cause of complaint occurred: _____</p> <p>Reason for the complaint: <input type="checkbox"/> General Operations <input type="checkbox"/> Assessment <input type="checkbox"/> ESOS related complaint</p> <p>Have you complained about the issue before? <input type="checkbox"/> yes <input type="checkbox"/> No</p> <p>If yes, please give the date, the complaint was lodged:</p>	<p>Appeal Details</p> <p>Date to which this appeal refers to: _____</p> <p>Reason for the appeal: <input type="checkbox"/> Assessment outcome <input type="checkbox"/> Any outcome of any application for request <input type="checkbox"/> Any disciplinary action taken against you. <input type="checkbox"/> other (please specify below)</p>
Complaint/Appeal Summary	
(Please give detailed explanation of complaint/appeal and attach any supporting evidence)	
Complainant/Appellant Declaration	
<input type="checkbox"/> All the information provided in this form is correct and accurate to the best of my knowledge. <input type="checkbox"/> I am happy to attend any meeting with relevant persons required to resolve the issue.	
Complainant/Appellant Signature:	Date:
Office Use Only	
Receiving staff member:	Date:
Method of Lodgement: <input type="checkbox"/> In Person <input type="checkbox"/> via Email <input type="checkbox"/> Mail	
Name of the Officers empanelled to resolve the issue	



Complaints & Appeals Form

Details of Action Taken				
Reason for Outcome				
Outcome		<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
College Representative Signature			Date	
<input type="checkbox"/> Complainant/appellant advised of outcome and reasons in writing.	Date		Initials	
<input type="checkbox"/> Complaints and appeals register updated	Date		Initials	
<input type="checkbox"/> Continuous improvement register updated with future opportunities to be considered raised in the investigation of this complaint/appeal (if applicable)	Date		Initials	

If this complaint cannot be resolved to the mutual satisfaction of the participant and the RTO, the RTO will refer the matter to an appropriate independent mediator.