| Australian Centre for Advanced Studies | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complaints Lodgement Form | | | | | | | | | | | | | | | | |
| **SECTION 1 – Personal Details** | | | | | | | | | | | | | | | | |
| **Name**: |  | | | | **Title**: | |  | | | Mr |  | Mrs |  | Ms |  | Miss |
| **Address**: |  | | | | | | | **Post Code:** | | | |  | | | | |
| **Email:** |  | | | | | | | **Tel/ Mobile:** | | | |  | | | | |
| **SECTION 2 – Course / Unit/ Module Details** | | | | | | | | | | | | | | | | |
| **Code/Title** : |  | | | | | | | **Date:** | | | | / / | | | | |
| **SECTION 3 – Complainant Declaration** | | | | | | | | | | | | | | | | |
| I have read and understood the Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that 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. | | | | | | | | | | | | | | | | |
| **Signature** : |  | | | **Date:** | | | | / / | | | | | | | | |
| **SECTION 4 – Complaint Details** | | | | | | | | | | | | | | | | |
| Please tick the following areas to which your complaint relates: | | | | | | | | | | | | | | | | |
| Training Materials  Training Facilities  Training Content/information  Training Environment  Training – Other | | Assessment Materials  Assessment Facilities  Assessment Environment  Assessment Location  Assessment - Other | | | | | | | Services provided  Personal conflict/Behaviour  Discrimination  Victimisation  Privacy Breach | | | | | | | |
| Other : | | | | | | | | | | | | | | | | |
| Does your complaint involve another person (e.g. Trainer/Assessor/other student)?  YES  NO  If yes, please provide their name: | | | | | | | | | | | | | | | | |
| Does your complaint involve witnesses?  YES  NO  If yes, please provide the name/s and contact details of witnesses who are willing to support your claim: | | | | | | | | | | | | | | | | |
| **Name:**  **Address:**  **Tel/Mobile:** |  | | **Name:**  **Address:**  **Tel/Mobile:** | | |  | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| Please outline the nature/circumstances of your complaint: | | | | | |
|  | | | | | |
| What actions have you taken, in an attempt to resolve this matter: | | | | | |
|  | | | | | |
| What action/resolution would you like to see occur/implemented: | | | | | |
|  | | | | | |
| **Admin Use Only** | | | | | |
|  | Complaint Form Received (Admin) | **Initial** |  | **Date:** | / / |
|  | Complaint Lodgement recorded (Register) | **Initial** |  | **Date:** | / / |
|  | Letter of Acknowledgement sent | **Initial** |  | **Date:** | / / |
|  | Complaint Forwarded to Director | **Initial** |  | **Date:** | / / |
| ***Note: Record further actions regarding this complaint.*** | | | | | |