| Australian Centre for Advanced Studies |
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| 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 [ ]  NOIf yes, please provide their name:  |
| Does your complaint involve witnesses? [ ]  YES [ ]  NOIf 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:** |  |

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| 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.*** |