

Section One (to be completed by participant)	
Full Name <input style="width: 80%;" type="text"/>	
Position of complainant/Appellant <input style="width: 80%;" type="text"/>	
Phone <input style="width: 30%;" type="text"/>	Email <input style="width: 60%;" type="text"/>
Current Address <input style="width: 90%;" type="text"/>	
If the complainant is student, please provide the following details	
Student ID <input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
Course Name <input style="width: 90%;" type="text"/>	
Details of Complaint/Appeal	
<p>Complaint Details</p> <p>Date the cause of complaint occurred: <input style="width: 80%;" type="text"/></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: <input style="width: 80%;" type="text"/></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)	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
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: <input style="width: 60%;" type="text"/>	Date: <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>
Office Use Only	
Receiving staff member: <input style="width: 80%;" type="text"/>	Date: <input style="width: 20%;" type="text"/>
Method of Lodgment: <input type="checkbox"/> In Person <input type="checkbox"/> via Email <input type="checkbox"/> Mail	
Name of the Officers empaneled to resolve the issue	<input style="width: 75%;" type="text"/>
	<input style="width: 75%;" type="text"/>
	<input style="width: 75%;" type="text"/>

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="text"/>
<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	<input type="text"/>

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.