

<b>Section One (to be completed by participant)</b>	
Full Name <input style="width: 200px;" type="text"/>	
Position of complainant/Appellant <input style="width: 250px;" type="text"/>	
Phone <input style="width: 150px;" type="text"/>	Email <input style="width: 250px;" type="text"/>
Current Address <input style="width: 450px;" type="text"/>	
<b>If the complainant is student, please provide the following details</b>	
Student ID <input style="width: 250px;" type="text"/>	
Course Name <input style="width: 450px;" type="text"/>	
<b>Details of Complaint/Appeal</b>	
<p>Complaint Details</p> <p>Date the cause of complaint occurred: <input style="width: 80px;" 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: 80px;" 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>
<b>Complaint/Appeal Summary</b>	
(Please give detailed explanation of complaint/appeal and attach any supporting evidence)	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<b>Complainant/Appellant Declaration</b>	
<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: 200px;" type="text"/>	Date: <input style="width: 80px;" type="text"/>
<b>Office Use Only</b>	
Receiving staff member: _____	Date: _____
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: 600px; height: 20px;" type="text"/>
	<input style="width: 600px; height: 20px;" type="text"/>
	<input style="width: 600px; height: 20px;" type="text"/>

# Complaints & Appeals Form

<b>Details of Action Taken</b>				
<b>Reason for Outcome</b>				
<b>Outcome</b>		<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
<b>College Representative Signature</b>				<b>Date</b>
<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.**