

Complaints and Appeals Form

Section 1 - Person lodging complaint or appeal to complete this section						
Full name:				Date:		
Email:				Phone:		
Category: (please tick)	<input type="checkbox"/>	Student	<input type="checkbox"/>	Trainer/Assessor	<input type="checkbox"/>	Client
	<input type="checkbox"/>	Third Party	<input type="checkbox"/>	Government Funding Provider	<input type="checkbox"/>	Government body
	<input type="checkbox"/>	Member of the public	<input type="checkbox"/>	Other		
If you are a student, please specify the Qualification name and the location of your course:						
Qualification title:				Location :		
If you would like to lodge a complaint or appeal related to a particular course or training session please provide the details below						
I want to lodge a:	<input type="checkbox"/>	Complaint	<input type="checkbox"/>	Appeal		
Trainer/Staff name: (If known)						
Nature of complaint/appeal:						
Details of complaint/appeal: Please add extra pages if required						
What would you like to see happen?						
Privacy Notice:						
The information provided on this form will be used exclusively to resolve your appeal/complaint. None of the information you provide on this form will be disclosed to anyone outside of this business without your permission unless we are required to do so by law.						
Signature:				Date:		

Section 2 – Compliance team member receiving this form to complete this section					
Complaint received by: (ARC staff name)				Date complaint received:	
Complaint received via:	<input type="checkbox"/>	Verbally (over the phone)		<input type="checkbox"/>	Verbally (face-to-face)
	<input type="checkbox"/>	Email		<input type="checkbox"/>	SMS
	<input type="checkbox"/>	Letter		<input type="checkbox"/>	Social Media
	<input type="checkbox"/>	Third Party informed		<input type="checkbox"/>	Other:
Manager Notified: (ARC staff name)				Decision date:	
Proposed resolution:					
Resolution sent to the complainant/appellant attached:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Complaint Outcome:					
Appeal Outcome:					
Response to proposed resolution and outcome:		<input type="checkbox"/>	Agrees and accepts		
		<input type="checkbox"/>	Disagrees and student remains unsatisfied		
<input type="checkbox"/>	A copy of the resolution/outcome has been filed where appropriate		<input type="checkbox"/>	Help student to access services of an independent party or external agency (if applicable)	
Follow up actions: (if applicable)					
Entered into RTO Complaints Register by:				Date entered into complaints register:	

Please email or send the completed Complaints and Appeals form to the Compliance Manager

- Email: training@arctraining.edu.au
- Mail: Lead Compliance Officer, ARC Training, PO BOX 154 Parramatta 2124

Section 3 – Compliance team member to conduct the investigation of the complaint or appeal and attach a detailed report to this form.

Compliance Manager will take action according to Complaints and Appeals Policy

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I confirm all required action/s are completed:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completion date:	
Compliance Representative name:					
Signature:				Date:	