

# Complaints & Appeals Lodgement Form

## SECTION 1 – Personal Details

<b>Name:</b>		<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<b>Address:</b>			<b>Post Code:</b>
<b>Email:</b>			<b>Tel/ Mobile:</b>

## SECTION 2 – Course / Unit/ Module Details

<b>Code/Title :</b>		<b>Date:</b>	/ /
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## SECTION 3 – Complainant Declaration

I have read and understood the Elbon Consulting Services Pty Ltd Complaints & Appeals Policy and I declare that the other party to the complaint/appeal may be contacted in an attempt to resolve the issue. I agree that Elbon Consulting Services Pty Ltd 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.

<b>Signature :</b>		<b>Date:</b>	/ /
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## SECTION 4 – Complaint/Appeal Details

Please tick the following areas to which your complaint relates:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Training Materials           | <input type="checkbox"/> Assessment Materials        | <input type="checkbox"/> Services provided           |
| <input type="checkbox"/> Training Facilities          | <input type="checkbox"/> Assessment Facilities       | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Training Content/information | <input type="checkbox"/> Assessment Environment      | <input type="checkbox"/> Discrimination              |
| <input type="checkbox"/> Training Environment         | <input type="checkbox"/> Assessment Location         | <input type="checkbox"/> Victimisation               |
| <input type="checkbox"/> Training – Other             | <input type="checkbox"/> Assessment – Outcome Appeal | <input type="checkbox"/> Privacy Breach              |
| <input type="checkbox"/> Other :                      |  |  |

Does your complaint/appeal involve another person (e.g. Trainer/Assessor/other student)?  YES  NO

If yes, please provide their name:

Does your complaint/appeal involve witnesses?  YES  NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel/Mobile:</b>		<b>Tel/Mobile:</b>	

**Complaints & Appeals Progress Form**

Please outline the nature/circumstances of your complaint/appeal:

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**

<input type="checkbox"/> Complaint Form Received (Admin)	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> Complaint Lodgement recorded (Register)	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> Letter of Acknowledgement sent	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> Complaint Forwarded to NTOM	<b>Initial</b>		<b>Date:</b>	/ /

**Note: Use "Complaints & Appeals Progress Form" to record further actions regarding this Complaint/Appeal.**