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| **Complainant Name** |  | | COMPLAINT AGAINST   * Trainer * Student * RTO Staff Member * Employer * Resources * Assessment Tools * NSW Fishing Industry Training Committee Ltd |
| **Date Submitted** |  | |
| **Who is complaining** (Please tick) | * Student * Trainer/Assessor | * RTO Staff Member * Employer |
| **Form submitted to** |  | |
| **Other party/s involved** |  | |
| **C&A Register No** |  | |

*Appeal’s must be lodged within 7 days of initial result being determined.*

*Refer to the Complaints & Appeals Policy in the Student Handbook for procedure.*

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| Details of Complaint/Grievance/Appeal |
| Assessment Appeals: Have you discussed this matter with your trainer in an attempt to reach a decision? Yes/No |
| Complainant is given the opportunity to complete a Complaints Report Form, with this form, if there is not enough room on this form for the complaint. Complaints Form attached Yes/No |
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| **Signed By: Date:** |

* Form submitted to RTO Manager or CEO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Recommended Action Required For Improvement | |
| **Written Acknowledgement (within 5 business days)**  ☐ Written acknowledgement has been given to the complainant  **Initial Meeting: (within 10 business days)**  ☐ Complaint raised  ☐ Initial meeting held to discuss with all parties involved in the complaint, in order to find a solution agreeable to all parties.  ☐ Solution found and remedied (Please continue to Appeal Outcomes section)  **Further investigation required: (within 60 calendar days)**  ☐ Referral to RTO Manager or nominated person.  ☐ Referred to a third party/panel  ☐ Referral to other services (i.e. counseling services or LLN)  ☐ Referred to National Training Complaints Hotline  ☐ Referral to government body (i.e. police, hospital)  ☐ Referral to funding body (i.e. DET, VTG)  *The RTO is responsible for acting upon the subject of any complaint/appeal found to be substantiated.* *A student will be advised of the outcome of this consultation process within* ***15 business days*** *of the dispute being lodged.* | |
| Appeal Outcomes | |
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| Action/Response Taken By: | **Date:** |

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| Feedback From Complainant | |
| ☐ Satisfied with outcome  ☐ Dissatisfied with outcome – Further action required  ☐ Matter was dealt with within a reasonable timeframe Yes/No  Other comment: | |
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| Complainant Signature: | **Date:** |

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| **Action/Monitoring** | **Date** | **Action taken by** |
| * Opportunity for Improvement implemented |  |  |
| * Actioned at Quality & Compliance Meeting |  |  |
| * Policies and procedures updated and implemented |  |  |
| * Filed into Complaints Register |  |  |
| * Cross-referenced with Database |  |  |

**Please submit this form to the RTO Manager or CEO**