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| **SECTION 1: GENERAL INFORMATION** | | | | | | | | | | |
| **Complainant Name:** | | |  | | | | | | | |
| **Complaint Against:** | | | | | | * Trainer/Assessor * Student * RTO Staff Member * Employer | | | * Resources * Assessment Tools * Maritime Safety Training | | |
| **Who is Complaining?**  (Select one) | | | | | | * Student * Trainer/Assessor | | | * RTO Staff Member * Employer | | |
| **Date Submitted:** | | | \_\_\_\_ / \_\_\_\_ /\_\_\_\_ | | | | | | | |
| **Form Submitted To:** | | | |  | | | | | | |
| **Other Parties Involved:** | | | |  | | | | | | |
| **Complaints & Appeals Register No:** | | | | | | | CAA | | | |
|  | |  | | | | | | | | |
| **SECTION 2: COMPLAINT OR APPEAL DETAILS** | | | | | | | | | | |
| **1.** | **Type of Complaint/Grievance/Appeal:** (Provide details below) | | | | | | | | | |
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| **2.** | **Assessment Appeals Only:** Have you discussed this matter with your trainer to reach a decision? | | | | | | | | | ☐ Yes ☐ No |
| **3.** | **Additional Documentation:** Is there additional documentation attached to support your complaint? | | | | | | | | | ☐ Yes ☐ No |
| **4.** | **Supporting Documents List:** (e.g., emails, reports, etc.) | | | | | | | | | |
|  | * Emails or Correspondence * Assessment Records * Witness Statements * Photos or Videos * Medical Certificates * Policies or Procedures Referenced | | | | | | | * Previous Communication Logs * Complaint Report Forms * Appeal Decision Letters * External Reports (e.g., from regulators or third parties) * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **SECTION 3: ACKNOWLEDGEMENT AND INITIAL HANDLING** | | | | | | | | | | |
| **5.** | **Acknowledgement:** Written acknowledgment provided to the complainant within 5 business days: | | | | | | | | | ☐ Yes ☐ No |
| **6.** | **Initial Meeting Details:** Meeting held to discuss with all parties involved within 10 business days: | | | | | | | | | ☐ Yes ☐ No |
| **7.** | **Solution Found and Agreed Upon:** | | | | | | | | | ☐ Yes ☐ No |
| **SECTION 4: FURTHER INVESTIGATION** | | | | | | | | | | |
| **8.** | **Referred for Investigation To:** (within 60 calendar days) | | | | | | | | |  |
|  | * Referral to RTO Manager or nominated person. * Referred to a third party/panel * Referral to other services (i.e. counselling 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) | | | | | | | | |  |
| **9.** | **Support Services Offered:** | | | | | | | | | ☐ Yes ☐ No |
| **10.** | **Estimated Timeframe for Resolution: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_** | | | | | | | | |  |
| **11.** | **Regular Updates Provided to Complainant:** | | | | | | | | | ☐ Yes ☐ No |
| **SECTION 5: OUTCOME AND COMMUNICATION** | | | | | | | | | | |
| **12.** | **Outcome of Complaint/Appeal:** (Provide details below) | | | | | | | | | |
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| **13.** | **Outcome Communicated To:** | | | | | | | | | |
|  | Full Name: | | | |  | | | | | |
| **14.** | **Date of Communication:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | |
| **15.** | **Complainant Satisfaction with Outcome:** | | | | | | | | |  |
|  | * Satisfied with outcome * Dissatisfied with outcome – Further action required * Matter was dealt with within a reasonable timeframe Yes/No | | | | | | | | | |
| **16.** | **Additional Comments on Satisfaction Level:** | | | | | | | | | |
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| **SECTION 6: CONTINUOUS IMPROVEMENT** | | | | | | | | | | |
| **17.** | **Opportunities for Improvement Identified:** | | | | | | | | | ☐ Yes ☐ No |
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| **18.** | **Improvement Actions Implemented:** | | | | | | | | | ☐ Yes ☐ No |
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| **19.** | **Discussed at Quality and Compliance Meeting:** | | | | | | | | | ☐ Yes ☐ No |
| **20.** | **Date Tabled:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | | | | | | | | |
| **21.** | **Filed into Complaints & Appeals Register:** | | | | | | | | | ☐ Yes ☐ No |
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| **SECTION 7: FINAL SIGN-OFF** | | | | |
| **22.** | **Person Completing the Form:** | | |
|  | Signature: |  |
|  | Full Name: |  |
|  | Position: |  |
|  | Date: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| **23.** | **Reviewed By:** | |
|  | Signature: |  |
|  | Full Name: |  |
|  | Position: |  |
|  | Date: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| **24.** | **Complainant Signed Off:** | |
|  | Signature: |  |
|  | Complainant Name: |  |
|  | Date: | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |

**Notes:**

* This form is to be submitted to the RTO Manager or CEO for processing.
* All complaints and appeals will be handled in accordance with the RTO’s Complaints and Appeals Policy and the requirements of Standards 2.7 and 2.8.