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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.