

COMPLAINTS AND APPEALS FORM

Information for Applicants

- Complaints should only be lodged in writing if you are unable to resolve your issue and/or concern informally.
- Appeals should only be lodged to review a decision that has previously been made and must be made within twenty-eight (28) calendar days of the original decision having been made.
- You will receive acknowledgement of your lodged complaint or appeal within two (2) working days upon Training Practical Solutions Consultancy having received your complaint/appeal.
- Training Practical Solutions Consultancy will endeavour to resolve complaints and/or appeals within a reasonable timeframe – usually twenty-one (21) calendar days upon receipt of the written complaints and/or appeals. However, if at any stage the process exceeds the timelines stated, The RTO Compliance Manager will inform you in writing and provide the reasons for the delay.
- Applicants may be asked to provide additional information to support your complaint or appeal.
- Please complete ALL fields on this form.
- Please submit the completed form to the RTO Compliance Manager email: info@tpsconsultancy.com.au

PART A – APPLICANT DETAILS			
Title:		First Name:	
		Family Name:	
Email:			Contact Phone:
		Location:	
Employer:			
Course title:			
Trainer / Assessor (if applicable):			
You are:			
<input type="checkbox"/> A current learner	<input type="checkbox"/> A former learner	<input type="checkbox"/> An industry representative	<input type="checkbox"/> A former staff member
<input type="checkbox"/> A parent of a learner	<input type="checkbox"/> An employer / client	<input type="checkbox"/> A current staff member	<input type="checkbox"/> Other

PART B – COMPLAINT/APPEAL DETAILS			
Type:	<input type="checkbox"/> Compliant	<input type="checkbox"/> Appeal	<input type="checkbox"/> Assessment Appeal
Does your complaint involve behaviour by a Training Practical Solutions staff member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide name:
Have you reported your complaint to any other Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, to whom:
Have you lodged a verbal complaint about this issue before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, who have you spoken to:
Date of occurrence:			
Complaint/Appeal Summary Please outline what has occurred that requires the lodgement of this complaint/appeal. You may attach supporting documents to the email			

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What outcomes are you seeking or expecting?	
Detail the actions taken to resolve the complaint or detail reasons for decision	

PART C - DECLARATION
<p>Applicant Declaration:</p> <p>By signing this declaration, I (insert name) _____ verify that the above information is true and accurate. I have not provided any false or misleading information</p> <p>Signature: _____ Date: _____</p>
<p>This section must be completed by Parent/Guardian if applicant is under 18 years of age:</p> <p>Name of Parent/Guardian: _____</p> <p>Signature: _____ Date: _____</p>

Office use only		
Date Received		
Personnel responsible for actioning complaint/appeal		
Entered onto Complaint & Appeals Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complaints & Appeals Register Ref No.		
Has the complaint/appeal been resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, detail further actions to be undertaken:</i>		
<i>Necessary actions have been taken (if not, specify why?)</i>		
Has the learner been advised in writing of the outcome/progress of the complaint/appeal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No