

Complaints and Appeals Form



PLEASE FILL OUT SECTIONS 1 AND 2 AND RETURN TO ELI

SECTION 1: GENERAL INFORMATION

Complainant Name:			
Complaint Against:	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> Resources	
	<input type="checkbox"/> Student	<input type="checkbox"/> Assessment Tools	
	<input type="checkbox"/> RTO Staff Member	<input type="checkbox"/> Evolve Learning Institute	
	<input type="checkbox"/> Employer		
Who is Complaining? (Select one)	<input type="checkbox"/> Student	<input type="checkbox"/> RTO Staff Member	
	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Additional Documentation: Is there additional documentation attached to support your complaint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Supporting Documents List: (e.g., emails, reports, etc.)		
	<input type="checkbox"/> Emails or Correspondence	<input type="checkbox"/> Complaint Report Forms	
	<input type="checkbox"/> Assessment Records	<input type="checkbox"/> Appeal Decision Letters	
	<input type="checkbox"/> Policies or Procedures Referenced	<input type="checkbox"/> External Reports (e.g., from regulators or third parties)	
	<input type="checkbox"/> Previous Communication Logs		
	<input type="checkbox"/> Other: _____		
SECTION 3: ACKNOWLEDGEMENT AND INITIAL HANDLING			
5.	Acknowledgement: Written acknowledgment provided to the complainant within 5 business days:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Initial Meeting Details: A meeting will be held to discuss with all parties involved within 10 business days:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Solution Found and Agreed Upon:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 4: FURTHER INVESTIGATION			
8.	Referred for Investigation To: (within 60 calendar days)		
	<input type="checkbox"/> Referral to RTO Manager or nominated person.		
	<input type="checkbox"/> Referred to a third party/panel		
	<input type="checkbox"/> Referral to other services (i.e. counselling services or LLN)		
	<input type="checkbox"/> Referred to National Training Complaints Hotline		
	<input type="checkbox"/> Referral to funding body (i.e. DET, VTG)		
9.	Support Services Offered:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Estimated Timeframe for Resolution: ____ / ____ / ____		
11.	Regular Updates Provided to Complainant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION 5: OUTCOME AND COMMUNICATION

12. Outcome of Complaint/Appeal: (Provide details below)

13. Outcome Communicated To:
Full Name:

14. Date of Communication: ____ / ____ / ____

15. Complainant Satisfaction with Outcome:

Satisfied with outcome.

Dissatisfied with the outcome – Further action required.

The matter was dealt with within a reasonable timeframe? Yes No

16. Additional Comments on Satisfaction Level:

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.