COMPLAINTS AND APPEALS FORM

PURPOSE

International Paramedic College Pty Ltd values feedback and is committed to continuously improving the quality of the training and support we offer. We encourage all students, staff and other related stakeholders to share their feedback, make appeals, and raise any complaints they may have regarding any practices or areas of International Paramedic College Pty Ltd.

This form should be used to make a formal complaint or appeal about any aspect of the services provided to you by International Paramedic College Pty Ltd, a staff member in particular, another learner or a third-party providing services on our behalf. You may also use this form to dispute any decisions International Paramedic College Pty Ltd has made (Eg. An assessment decision ('Assessment Appeal').) Please include as much information as possible about your complaint or appeal as this will help us to investigate and resolve your complaint or appeal more efficiently.

For details on how International Paramedic College Pty Ltd responds to and investigates any complaints and appeals, please refer to our Feedback, Complaints and Appeals Policy.

PERSONAL DETAILS			
Family Name		Given Name	
Email Address			
Address			
Course			

COMPLAINT OR APPEAL DETAILS Please provide a personal statement detailing the matter relating to your complaint / appeal. Include name(s) of person(s), dates and times, where applicable. Attach evidence and/or separate sheet if additional space required.	
☐ This form is completed to lodge a formal complaint ☐ This form is completed to lodge a formal appeal	
Have you tried to resolve the matter informally?	❑ YES ❑ NO

	If yes, please describe the actions taken (including names, dates, and outcomes): _____
Please provide a detailed explanation of any action(s) taken, including name(s) of person(s), date and times OR reason as to why no action taken to resolve matter informally. Attach evidence and/or separate sheet if additional space required.	
What would you like the outcome of this complaint or appeal to be?	

DECLARATION

I declare that the information I have provided on this form is true and complete and that it is my responsibility to provide the necessary documentation to support my application.

SIGNATURE	DATE

Application submission was made:

- ☐ In Person to _____
- ☐ By Email to _____

OFFICE USE ONLY

ACKNOWLEDGMENT	
RECEIVED BY:	
DATE RECEIVED:	
Date entered in the complaints and appeals register	

Action(s) Taken:	
SIGNATURE OF STAFF MEMBER ACKNOWLEDGING THE COMPLAINT OR APPEAL	

INVESTIGATION	
Name of the person investigating the complaint or appeal	
Investigation actions undertaken	☐ Review of relevant documentation ☐ Interview with complainant/appellant ☐ Interview with other involved party ☐ Review of policies/procedures ☐ Review of assessment evidence (if applicable) ☐Other _____
Summary of investigation findings:	

OUTCOME AND DECISION	
Describe the outcome:	
Written outcome provided to complainant/appellant:	☐ Yes (Date: _____) ☐ No
Has the complainant/appellant accepted the outcome?	☐ Yes – matter resolved ☐ No – further escalation requested
Date resolution confirmed (if applicable):	
Further taken if the matter is unresolved and escalated	☐ Additional investigation ☐ Escalation to Head of Training / Senior Management

	☐ Independent third-party review ☐ Referral to external agency ☐ Other (please specify): _____
Final outcome and closure *(Describe the final outcome and record the date of resolution.)*	
Date final outcome is communicated in writing to the complainant/appellant	