# Feedback and Complaints Form

| **Personal Details:** | |
|---|---|
| **Full Name:** | |
| **Position of Complainant:** | |
| **Phone No:** | |
| **Email:** | |
| **Address:** | |
| **If the complainant is a student, please provide the following details:** | |
| **Student ID:** | |
| **Course Name:** | |
| **USI no:** | |
| **Date:** | |

**Feedback Details**
This section may be used to provide general feedback, suggestions for improvement, or to raise concerns.

**Feedback type:**

☐ Positive feedback
☐ Suggestion for improvement
☐ Concern regarding service delivery
☐ Other (please specify)

**Feedback summary:**

**How do you believe this feedback can contribute to improvement?**

| **Complaint Details** |
|---|
| Date the cause of complaint occurred**:** _____<br><br>**Reason for the complaint:**<br><br>☐ Academic matters (teaching, assessment, course content)<br>☐ Student services or support<br>☐ Fees, refunds, or financial matters<br>☐ Behaviour or misconduct<br>☐ Other, please specify<br><br>**Have you complained about the issue before?**<br><br>☐ Yes (If yes, please give the date, the complaint was lodged, Date: _____)<br>☐ No |
| **Complaint Summary**<br>(Please give a detailed explanation of the complaint and attach any supporting evidence. Also, provide explanation on how you believe this complaint can be resolved) |
| |
| **Declaration**<br>(Complainant's information will remain confidential, protected and will only be utilised in accordance with the Future Culinary Academy's Privacy Policy) |
| ☐ All the information provided in this form is correct and accurate to the best of my knowledge.<br>☐ I am happy to attend any meeting with relevant persons required to resolve the issue.<br>☐ I understand that if I am dissatisfied with the decision after the internal appeal procedures, I can seek assistance from an external complaints handling body, i.e., Commonwealth Ombudsman, free of cost.<br>☐ I acknowledge that any feedback I have provided will be considered in the Future Culinary Academy (FCA) continuous improvement processes and may contribute to improvements in services or operations.<br><br>**Signature: _____Date: _____** |
| ***OFFICE USE: (*marked items to be filled up by staff or complaint handling party)** |

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| ***Receiving staff member:** | |
| ***Date:** | |

| | |
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| ***Method of lodgment** | ☐ Email<br>☐ Mail<br>☐ In Person |
| ***Name of the members empaneled to resolve the issue** | |
| ***Actions proposed by the panel/ determined resolution** | |
| ***Implementation of Proposed action by:** | ☐ Continuous improvement Request.<br>☐ Counselling by the relevant persons.<br>☐ Change of any service or member.<br>☐ External Counselling agency<br>☐ Referred to:<br>☐ Other (Please specify) |
| **Feedback logged in Continuous Improvement Register:** | ☐ **Yes** ☐ **No** |
| **Improvements/changes implemented:** | |
| **Date of Resolution** | Xx/xx/xxxx |
| ***Outcome** | ☐ Successful<br>☐ Unsuccessful |
| ***Method to communicate the outcome with the complainant** | ☐ Email<br>☐ Mail<br>☐ In Person |
| ***Response of complainant** | ☐ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in the student's admin file)<br>☐ Disagrees and unhappy (FCA will contact the student to help |

| | |
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| | him/her access services of the Commonwealth Ombudsman) |

**Declaration by Complainant (Please read and tick before signing it):**

- ☐ I acknowledge that the outcome of the complaint lodged by me has been informed to me.
- ☐ I acknowledge that any feedback I have provided has been recorded and may be considered in FCA's continuous improvement processes.
- ☐ I agree with the decision made by the panel, and I am happy to accept it.

**OR**

- ☐ I disagree with the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.

Signature: _____

Date: _____

**Future Culinary Academy's Representative**

Name: _____

Signature: _____

Date: _____