

# Complaints Lodgement Form

## SECTION 1 – Personal Details

|                 |  |               |                             |                              |                             |                               |
|-----------------|--|---------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| <b>Name:</b>    |  | <b>Title:</b> | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| <b>Address:</b> |  |               |                             |                              | <b>Post Code:</b>           |                               |
| <b>Email:</b>   |  |               |                             |                              | <b>Tel/ Mobile:</b>         |                               |

## SECTION 2 – Course / Unit/ Module Details

|                     |  |              |   |   |
|---------------------|--|--------------|---|---|
| <b>Code/Title :</b> |  | <b>Date:</b> | / | / |
|---------------------|--|--------------|---|---|

## SECTION 3 – Complainant Declaration

I have read and understood the Combined Team Services Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Combined Team Services may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

|                    |  |              |   |   |
|--------------------|--|--------------|---|---|
| <b>Signature :</b> |  | <b>Date:</b> | / | / |
|--------------------|--|--------------|---|---|

## SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Training Materials           | <input type="checkbox"/> Assessment Materials   | <input type="checkbox"/> Services provided           |
| <input type="checkbox"/> Training Facilities          | <input type="checkbox"/> Assessment Facilities  | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Training Content/information | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Discrimination              |
| <input type="checkbox"/> Training Environment         | <input type="checkbox"/> Assessment Location    | <input type="checkbox"/> Victimization               |
| <input type="checkbox"/> Training – Other             | <input type="checkbox"/> Assessment - Other     | <input type="checkbox"/> Privacy Breach              |
| <input type="checkbox"/> Other :                      |   |  |

Does your complaint involve another person (e.g. Trainer/Assessor/other student)?  YES  NO

If yes, please provide their name:

Does your complaint involve witnesses?  YES  NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

|                    |  |                    |  |
|--------------------|--|--------------------|--|
| <b>Name:</b>       |  | <b>Name:</b>       |  |
| <b>Address:</b>    |  | <b>Address:</b>    |  |
| <b>Tel/Mobile:</b> |  | <b>Tel/Mobile:</b> |  |

Please outline the nature/circumstances of your complaint:

What actions have you taken, in an attempt to resolve this matter:

What action/resolution would you like to see occur/implemented:

**Admin Use Only**

|  |                |              |   |   |
|--|----------------|--------------|---|---|
| <input type="checkbox"/> Complaint Form Received (Admin)         | <b>Initial</b> | <b>Date:</b> | / | / |
| <input type="checkbox"/> Complaint Lodgement recorded (Register) | <b>Initial</b> | <b>Date:</b> | / | / |
| <input type="checkbox"/> Letter of Acknowledgement sent          | <b>Initial</b> | <b>Date:</b> | / | / |
| <input type="checkbox"/> Complaint Forwarded to Director         | <b>Initial</b> | <b>Date:</b> | / | / |

**Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.**