



QA-FRM-0020 – AIICT Complaints and Appeals Form

The complaints and appeals procedure of AIICT ensures that all complaints are dealt with in a constructive and timely manner at no cost to the complainant/appellant.

Before lodging a formal complaint or appeal, you are requested to carefully read our Complaints & Appeals Policy.

This form is to be directed to the Training Manager.

COMPLAINANT/APPELLANT SECTION			
Personal Details			
Surname:			
First name:			
Student ID:		Date of Birth:	
Course:			
Start date:			
Mailing Address			
Address:			
Suburb:		State:	
Country:		Postcode:	
Email address:			
Phone:		Mobile:	
Details of the Complaint/Appeal			

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Have you done anything to try and resolve this?

Is there any evidence that might support this complaint or appeal? (Where applicable)

What outcome are you seeking? Do you have a suggested resolution for the problem?

Do you have a support person who you would like to assist you? Please provide their details here.

Name:

Relationship:

(brother, friend, classmate etc.)

Do you give this person permission to act or be included in all correspondence or contact regarding this complaint (insert checkbox) Yes (insert checkbox) No.

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If you give permission for this person to receive copies of all correspondence relating to your complaint procedure (including correspondence which may contain your personal information), please include their contact details below.

Mailing Address

Address:			
Suburb:		State:	
Country:		Postcode:	
Email address:			
Phone:		Mobile:	

Declaration:

I confirm that I have read and understood AIICT's Complaints & Appeals Policy and Procedure. I agree that all information provided in this form is true and correct. I hereby give permission for the persons identified above to act on my behalf or be included in any contact regarding this complaint.

Name:	
Signature:	
Date:	

Next Steps

- You will be notified in writing acknowledging receipt of the complaint of appeal.
- The Training Manager is appointed as the Complaints Resolution Officer but may delegate where appropriate.
- The Training Manager or Delegate will investigate the Complaint/Appeal.
- The principles of natural justice and procedural fairness will be adopted at every stage of the complaint or appeal and it will be a transparent, participative process.
- Complaints or appeals where possible are to be resolved within 10 working days of the initial application.
- You will be advised in writing of the outcome of their complaint/appeal.
- Where AIICT considers that the matter may take longer than 60 days, you will be notified in writing and we will keep you informed of the progress of your complaint.

End of Student Section

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<i>OFFICE USE ONLY</i>	
<i>Staff member receiving the complaint/appeal Section</i>	
Received by (name):	
Position:	
<i>Additional Notes</i>	
<i>Actions required by the staff member:</i>	
I have sent acknowledgement that the complaint/appeal has been received?	<input type="checkbox"/>
Completed the declaration below and provide this form to the RTO Manager?	<input type="checkbox"/>
I understand this complaint/appeal must be kept confidential and provided to the Training Manager at the earliest convenience.	
Actioned by (name):	
Position	
Signature:	
Date:	

<i>Complaints Resolution Section</i>	
<ul style="list-style-type: none"> • This section should be completed by the Training Manager or Delegated authority. • The Complainant should be provided a written response including outcomes/resolution to this complaint/appeal within 10 days of submission. • Where this is not possible, progress updates must be provided to the Complainant communicating any barriers to completion. 	
Complaints Resolution Officer (name):	
Position:	

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Investigation Notes:

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Details of Outcome/Resolution:

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Correct Actions Required:

Who	What	When
I will/have advise/d the Complainant of this outcome in writing		<input type="checkbox"/>
I will/have advise/d the Complainant of the external appeal process if they are not satisfied with this outcome/resolution.		<input type="checkbox"/>
I have securely stored all files and correspondence, including this form for audit purposes.		<input type="checkbox"/>
Complaints Resolution Officer (name):		
Complaints Resolution Officer (sign):		
Date:		