



Compliants Lodgement Form

SECTION 1 – Personal Details

| | | | | | | |
|--------------------|--|---------------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| Name: | | Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| Student Id: | | Group No: | | | | |
| Email: | | Tel/ Mobile: | | | | |

SECTION 2 – Course / Unit/ Module Details

| | | | | |
|--------------------|--|--------------|---|---|
| Code/Title: | | Date: | / | / |
|--------------------|--|--------------|---|---|

SECTION 3 – Complainant Declaration

I have read and understood the Australian Technical College 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 Australian Technical College 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.

| | | | | |
|-------------------|--|--------------|---|---|
| Signature: | | Date: | / | / |
|-------------------|--|--------------|---|---|

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"/> Victimisation |
| <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:

| | | | |
|--------------------|--|--------------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Tel/Mobile: | | Tel/Mobile: | |



| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|--------------|--------------|---|---|---|----------------|--|--------------|---|---|---|----------------|--|--------------|---|---|--|----------------|--|--------------|---|---|
| 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: | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Compliance Manager Use Only | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><input type="checkbox"/> Complaint Form Received</td> <td style="width: 10%; text-align: center;">Initial</td> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">Date:</td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%; text-align: center;">/</td> </tr> <tr> <td><input type="checkbox"/> Complaint Lodgement recorded</td> <td style="text-align: center;">Initial</td> <td style="border-top: 1px solid black;"></td> <td style="text-align: center;">Date:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td><input type="checkbox"/> Letter of Acknowledgement sent</td> <td style="text-align: center;">Initial</td> <td style="border-top: 1px solid black;"></td> <td style="text-align: center;">Date:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td><input type="checkbox"/> Complaint Forwarded to Director</td> <td style="text-align: center;">Initial</td> <td style="border-top: 1px solid black;"></td> <td style="text-align: center;">Date:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table> | <input type="checkbox"/> Complaint Form Received | Initial | | Date: | / | / | <input type="checkbox"/> Complaint Lodgement recorded | Initial | | Date: | / | / | <input type="checkbox"/> Letter of Acknowledgement sent | Initial | | Date: | / | / | <input type="checkbox"/> Complaint Forwarded to Director | Initial | | Date: | / | / |
| <input type="checkbox"/> Complaint Form Received | Initial | | Date: | / | / | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Complaint Lodgement recorded | Initial | | Date: | / | / | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Letter of Acknowledgement sent | Initial | | Date: | / | / | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Complaint Forwarded to Director | Initial | | Date: | / | / | | | | | | | | | | | | | | | | | | | |
| Note: Use "Complaints Progress Form" to record further actions regarding this Complaint. | | | | | | | | | | | | | | | | | | | | | | | | |