



# Complaint Form

PART A: APPLICANT INFORMATION

Name:

Date:

Who or what is your complaint about, if applicable and known?

Are you a student?

Your student number

Contact

Alternative contact

Street Address:

Suburb:

State:

Postcode:

Email:

## PART B: INFORMATION ABOUT YOUR COMPLAINT

If your complaint is about a particular person or persons, please identify the person, their position and how they relate to you.

Name of person/s:

Position:

Relationship to **you**:

What is the nature of your complaint?

Please briefly state your allegation(s), the alleged 'wrong doing' only. Some examples are provided.

- 1.** *I have been subjected to harassment by my teacher, Mr. Smith over the last six months on several occasions.*
- 2.** *I was not provided with the assessment requirements for my course in a timely manner.*
- 3.** *My teacher Jane Eyre consistently turns up late for class and is disorganised and unprepared.*

## PART B: INFORMATION ABOUT YOUR COMPLAINT – *continued*

Please provide specific details of the events that occurred, in chronological order, and name the person(s) your complaint concerns. If your complaint relates to a specific incident (or incidents) it is useful to provide approximate dates, times and records of what was said (as far as you can recall). Please attach additional information as required.

Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>
Date:	<input type="text"/>	What happened?	<input type="text"/>

Have there been any witnesses to any of the events? If so, please list their name and contact number.

Name:	<input type="text"/>	Contact number:	<input type="text"/>
Name:	<input type="text"/>	Contact number:	<input type="text"/>
Name:	<input type="text"/>	Contact number:	<input type="text"/>
Name:	<input type="text"/>	Contact number:	<input type="text"/>

Has this happened before? ☐ Yes ☐ No If yes, please provide details of the previous incidents:

Have you told anyone at ACSE (for example, your trainer or the CEO) about your complaint either informally or formally? ☐ Yes ☐ No

If yes, who have you told about your complaint and what action (if any) have they taken?

Is there any other information you would like to include?

Signature:

Date:

### Office Use ONLY

Date Received: \_\_\_\_\_ Received by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

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Date forwarded to RTO Manager: \_\_\_\_\_ Forwarded by (print name): \_\_\_\_\_

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