



Complaints & Appeals form

SECTION 1 – Personal Details						
Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Address:		Post Code:				
Email:		Tel/ Mobile:				
SECTION 2 – Course / Unit/ Module Details						
Code/Title :		Date:	/ /			
SECTION 3 – Complainant Declaration						
<p>I have read and understood the Institute of Business and Management Studies’s 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 Institute of Business and Management Studies 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.</p>						
Signature :		Date:	/ /			
SECTION 4 – Complaint Details						
<p>Please tick the following areas to which your complaint relates:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other <input type="checkbox"/> Other : </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/Behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Victimisation <input type="checkbox"/> Privacy Breach </td> </tr> </table>				<input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other <input type="checkbox"/> Other :	<input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/Behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Victimisation <input type="checkbox"/> Privacy Breach
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<p>Does your complaint involve another person (e.g. Trainer/Assessor/other student)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please provide their name:</p>						
<p>Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:</p>						
Name:		Name:				
Address:		Address:				



RTO Code: 46122

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:			
Admin Use Only			
<input type="checkbox"/> Complaint Form Received (Admin)	Initial	Date:	/ /
<input type="checkbox"/> Complaint Lodgement recorded (Register)	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.			