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| **Complainant Name** |  | COMPLAINT AGAINST* Trainer
* Student
* RTO Staff Member
* Employer
* Resources
* Assessment Tools
* NSW Fishing Industry Training Committee Ltd
 |
| **Date Submitted** |  |
| **Who is complaining**(Please tick) | * Student
* Trainer/Assessor
 | * RTO Staff Member
* Employer
 |
| **Form submitted to** |  |
| **Other party/s involved** |  |
| **C&A Register No** |  |

*Appeal’s must be lodged within 7 days of initial result being determined.*

*Refer to the Complaints & Appeals Policy in the Student Handbook for procedure.*

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| Details of Complaint/Grievance/Appeal |
| Assessment Appeals: Have you discussed this matter with your trainer in an attempt to reach a decision? Yes/No |
| Complainant is given the opportunity to complete a Complaints Report Form, with this form, if there is not enough room on this form for the complaint. Complaints Form attached Yes/No  |
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| **Signed By: Date:** |

* Form submitted to RTO Manager or CEO Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Recommended Action Required For Improvement |
| **Written Acknowledgement (within 5 business days)**☐ Written acknowledgement has been given to the complainant**Initial Meeting: (within 10 business days)**☐ Complaint raised ☐ Initial meeting held to discuss with all parties involved in the complaint, in order to find a solution agreeable to all parties. ☐ Solution found and remedied (Please continue to Appeal Outcomes section)**Further investigation required: (within 60 calendar days)**☐ Referral to RTO Manager or nominated person.☐ Referred to a third party/panel☐ Referral to other services (i.e. counseling services or LLN)☐ Referred to National Training Complaints Hotline ☐ Referral to government body (i.e. police, hospital)☐ Referral to funding body (i.e. DET, VTG)*The RTO is responsible for acting upon the subject of any complaint/appeal found to be substantiated.* *A student will be advised of the outcome of this consultation process within* ***15 business days*** *of the dispute being lodged.*  |
| Appeal Outcomes |
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| Action/Response Taken By: | **Date:** |

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| Feedback From Complainant |
| ☐ Satisfied with outcome☐ Dissatisfied with outcome – Further action required☐ Matter was dealt with within a reasonable timeframe Yes/NoOther comment: |
|  |
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| Complainant Signature: | **Date:** |

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| **Action/Monitoring** | **Date** | **Action taken by** |
| * Opportunity for Improvement implemented
 |  |  |
| * Actioned at Quality & Compliance Meeting
 |  |  |
| * Policies and procedures updated and implemented
 |  |  |
| * Filed into Complaints Register
 |  |  |
| * Cross-referenced with Database
 |  |  |

**Please submit this form to the RTO Manager or CEO**