

Complaint lodgment 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:	/ /
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SECTION 3 – Complainant Declaration

I have read and understood the Pioneer 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 Pioneer 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:	/ /
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SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

<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"/> Victimization <input type="checkbox"/> Privacy Breach
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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: Address: Tel/Mobile:	Name: Address: Tel/Mobile:
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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: 45%;"><input type="checkbox"/> Complaint Form Received</td> <td style="width: 10%; text-align: center;">Initial</td> <td style="width: 10%; text-align: center;">-----</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 lodgment recorded</td> <td style="text-align: center;">Initial</td> <td style="text-align: center;">-----</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="text-align: center;">-----</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="text-align: center;">-----</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 lodgment recorded	Initial	-----	Date:	/	/	<input type="checkbox"/> Letter of Acknowledgement sent	Initial	-----	Date:	/	/	<input type="checkbox"/> Complaint Forwarded to Director	Initial	-----	Date:	/	/
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Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.																								