**Complaints Lodgement**

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| 1. **Personal Information**
 |
| **First Name:** |       | **Surname:** |       |
| **Address:** |       |
| **Phone:** |       | **Date of Birth:** |       |
| **Email:** |       |
| **USI Number:** |       |
| 1. **Program Details**
 |
| **Student Status:** | [ ]  Potential student *(not currently enrolled)*[ ]  Current student *(currently enrolled)* |
| Qualification Code and Title:*(If applicable)* |       |
| 1. **Have you already discussed this issue with a staff member?**

[ ]  No [ ]  Yes, please provide details:

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1. **Have you read and understood the Complaints Handling Policy Procedure?**

[ ]  No [ ]  YesIf no, please access this policy procedure from one of our friendly staff, from your student portal or from the RTO.1. **Please indicate the areas for which you wish to lodge a complaint:**
 |
| **Non-Educational Matter** | **Educational Matter** |
| [ ]  Application and Enrolment Process | [ ]  Course Structure, content, and/or delivery |
| [ ]  Student Support Services | [ ]  Trainer/Assessor conduct |
| [ ]  Facilities and Amenities | [ ]  Assessment Matters |
| [ ]  General Administration | [ ]  Conduct of other students |
| [ ]  Perceived discrimination, unfairness, and/or injustice | [ ]  Attendance procedures |
| [ ]  Bullying and/or Harassment | [ ]  Recognition of Prior Learning Application |
| [ ]  Use or misuse of personal information | [ ]  Supervision during class/work placement |
| [ ]  Other:       | [ ]  Other:       |

1. **Please provide details of your complaint.** *Include details of dates, times, locations, and those involved.*

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1. **What steps have you taken to resolve this complaint?**

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1. **What would you like to see happen as a result of addressing your complaint?**

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1. **Please attach evidence or supporting documentation:**



**Student Declaration**

In submitting this complaint, I confirm that:

[ ]  I have read the Complaints Handling Policy Procedure.

[ ]  The information I have provided is correct to the best of my knowledge.

[ ]  I understand that my complaint will be acknowledged and will be forwarded to the National Quality Manager.

[ ]  I will act in good faith throughout the complaint handling process.

[ ]  The information I provide will be treated with appropriate confidentially and will not be disclosed to a third party unless required for the management of my complaint or by law.

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| **Student Signature:** |  | **Date:** |       |

*Please return this completed form along with any supporting documentation to the National Quality Manager at* *Quality.compliance@certrail.com*

OFFICE USE ONLY

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| **Date received:** |       | **Received By:** |       |
| **Receipt Provided:** | [ ]  | **Complaint Number:** |       |

Record details of the complaint on the ***Complaints and Appeals Register***.

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| **National Quality Manager:** |       |  |  |
| **Signature:** |  | **Date:** |       |