**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:   |  | | --- | |  |  1. **Have you read and understood the Complaints Handling Policy Procedure?**   No  Yes  If 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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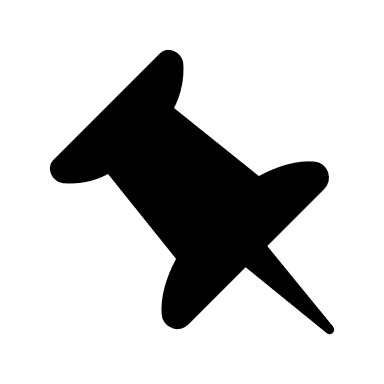
1. **What steps have you taken to resolve this complaint?**

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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*](mailto: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:** |  |