Complaints & Appeals Form

Australian Tertiary Institute
RTO Code: 45365
CRICOS Provider Code: 03691K

Complainant Name		**COMPLAINT AGAINST** ☐ Trainer ☐ Student ☐ RTO Staff Member ☐ Employer ☐ Resources ☐ Assessment Tools ☐ Australian Tertiary Institute Pty Ltd
Date Submitted		
Who is complaining (Please tick)	☐ Student ☐ RTO Staff Member ☐ Trainer/Assessor ☐ Employer	
Form submitted to		
Another party/s involved		
C&A Register No		

Assessment 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.

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

Signed By: **Date:**

☐ Form submitted to RTO Manager or CEO Date:_____

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

Action/Response Taken By: **Date:**

Feedback From Complainant

☐ Satisfied with outcome

☐ Dissatisfied with outcome – Further action required

☐ Matter was dealt with within a reasonable timeframe Yes/No

Other comment:

Complainant Signature: **Date:**

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