

# Complaints Lodgement Form

## SECTION 1 – Personal Details

<b>Name:</b>		<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<b>Address:</b>			<b>Post Code:</b>
<b>Email:</b>			<b>Tel/ Mobile:</b>

## SECTION 2 – Course / Unit/ Module Details

<b>Code/Title :</b>		<b>Date:</b>	/ /
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## SECTION 3 – Complainant Declaration

I have read and understood the Go Train Industry Pty Ltd 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 Go Train Industry Pty Ltd 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.

<b>Signature :</b>		<b>Date:</b>	/ /
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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"/> Victimisation <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:

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel/Mobile:</b>		<b>Tel/Mobile:</b>	

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:

#### Admin Use Only

<input type="checkbox"/> Complaint Form Received (Admin)	Initial	Date:	/	/
<input type="checkbox"/> Complaint Lodgement recorded (Register)	Initial	Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	Date:	/	/
<input type="checkbox"/> Complaint Forwarded to Director	Initial	Date:	/	/

**Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.**