*If you are making a formal complaint or appealing an assessment result* or *other decision, please complete this form and submit to* [*genutrainingfeedback@genu.org.au*](mailto:genutrainingfeedback@genu.org.au) *with the subject line reading Complaint or Appeal. If you are requesting an internal review of a formal complaint/appeal outcome please submit this for to* [*genutrainingfeedback@genu.org.au*](mailto:genutrainingfeedback@genu.org.au)*. with the subject line reading Internal Review Request.*

**Please tick the appropriate box to indicate what you would like to do:-**

**Make a formal complaint**  **Appeal - Assessment result**  **Appeal - Other decision**

I

**Request an internal review of a formal complaint/appeal outcome**

|  |  |  |  |  |  |  |  |
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| **Complainant / Appellant Details** | | | | | | | |
| **Surname:** | Click or tap here to enter text. | | **Given Name:** | Click or tap here to enter text. | | **Title:** | Click or tap here to enter text. |
| **Contact number:** | | Click or tap here to enter text. | | **Email:** | Click or tap here to enter text. | | |
| **Address:** | Click or tap here to enter text. | | | | | | |

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| **Course / Training Program** | |
| **Course / Program Title:** | Click or tap here to enter text. |
| **GenU Training Site:** | Click or tap here to enter text. |

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| **Details of Complaint or Appeal** | | | | | | | | | |
| **Date of event, circumstance or decision that is the subject of this complaint/appeal:**  *If appealing an assessment result, please state the date you were informed of the result.*  *If requesting an internal review, please state the date you were informed of complaint/appeal outcome.* | | | | | | | | | Click or tap to enter a date. |
| **Please describe below the details of your complaint/appeal.**  *If requesting an internal review please detail why you do not agree with the resolution of your previous complaint/appeal.* | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **Have you tried to resolve the matter informally? If yes, please provide details. If no, please explain why.**  *Please disregard this question if you are requesting an internal review of a previous complaint/appeal.* | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **What outcome are you seeking? Do you have a suggested remedy for the complaint/appeal?** | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **Do you have evidence to support your complaint/appeal? Please attach copies of any supporting documentation and list all evidence below.**  *If you are requesting an internal review please only include new evidence to support your complaint/appeal.* | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| **Complainant / appellant declaration:** | | | | | | | | | |
| I acknowledge and agree that:   * The information provided in this form is, to the best of my knowledge, true and correct. * GenU Training may use the information provided by me for the purpose of investigating the complaint/appeal. * The information provided by me may be used for the continuous improvement of the RTO’s operations. * GenU Training may retain copies of any supporting documentation provided with this form. * If unsatisfied with the outcome of a formal complaint or appeal, I have the option to request an internal review (by completing a new form and submitting to the General Manager Education & Training). If I am still unsatisfied after an internal review, I may request (in writing) an external review. | | | | | | | | | |
| **Complainant / appellant signature:** | | | |  | | | | | |
| **Date:** | | | | Click or tap to enter a date. | | | | | |
| **Office Use Only** | | | | | | | | | |
| **Administrator of** [**genutrainingfeedback@genu.org.au**](mailto:genutrainingfeedback@genu.org.au) **to complete** | | | | | | | | | |
| **Manager investigating/managing**  **complaint/appeal/internal review:** | | Click or tap here to enter text. | | | | | | | |
| **Date form received:** | Click or tap to enter a date. | | **Date acknowledged in writing:**  *(Must be within 3 business days of receipt)* | | | | | Click or tap to enter a date. | |
| **Initial Complaints, Appeals and Compliments information entered into Register:** | | | | | | Yes  No | | Date: Click or tap to enter a date. | |
| **Outcome received by Training Manager and entered into Complaints, Appeals and Compliments Register:** | | | | | | Yes  No | | Date: Click or tap to enter a date. | |
| **Training Manager to complete:** | | | | | | | | | |
| **Outcome and required actions:**  *Include reasons for outcome/decision.* | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **Complainant/appellant informed of outcome?** | | | Yes  No | | Email  Letter  Verbal | | | Date: Click or tap to enter a date. | |
| **If the date that the complainant/appellant was informed of the outcome is more than 14 calendar days after receipt of this form, was the complainant/appellant advised in writing of the delay and reasons?** *(Evidence must be retained and filed with this form).* | | | | | | | | Yes  No | |
| **Continual Improvement Request submitted:** | | | Yes  No | | | | C.I.R. number: Click or tap here to enter text. | | |
| **Manager signature:** | | |  | | | | | | |
| **Date:** | | | Click or tap to enter a date. | | | | | | |

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| **Internal Review Only:** | | | | | |
| **Names of managers on review panel:** | Click or tap here to enter text. | | | | |
| **Outcome and required actions:**  *Include reasons for outcome/decision.* | | | | | |
| Click or tap here to enter text. | | | | | |
| **Complainant/appellant informed of outcome?** | | Yes No | Email  Letter | | Date: Click or tap to enter a date. |
| **If the date that the complainant/appellant was informed of the outcome is more than 14 calendar days after receipt of this form, was the complainant/appellant advised in writing of the delay and reasons?** *(Evidence must be retained and filed with this form).* | | | | | Yes  No |
| **Continual Improvement Request submitted:** | | Yes  No | | C.I.R. number: Click or tap here to enter text. | |
| **Manager signature:** | |  | | | |
| **Date:** | | Click or tap to enter a date. | | | |