



## COMPLAINTS LODGEMENT FORM

Complaints no

### Section 1 – Personal details

**Name**  **Title**  Mr  Mrs  Ms  Miss

**Address**  **Post Code**

**Email**  **Tel/ Mobile**

### Section 2 – Course / Unit/ Module details

**Code/Title**  **Date** / /

**Assessor**  **Task**

### Section 3 – Complainants Declaration

I have read and understood the Wentworth College’s 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 Wentworth College 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.

**Signature**  **Date** / /

### Section 4 – Complaint Details

**Please tick the area relating to your grounds for appeal:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Training Materials            | <input type="checkbox"/> Assessment Materials   | <input type="checkbox"/> Services provided           |
| <input type="checkbox"/> Training Facilities           | <input type="checkbox"/> Assessment Facilities  | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Training Content, information | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Discrimination              |
| <input type="checkbox"/> Training Environment          | <input type="checkbox"/> Assessment Location    | <input type="checkbox"/> Victimisation               |
| <input type="checkbox"/> Training – Other              | <input type="checkbox"/> Assessment - Other     | <input type="checkbox"/> Privacy Breach              |
| <input type="checkbox"/> Other                         |   |  |

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 below:

**Name**  **Address**  **Tel/Mobile**

**Name**  **Address**  **Tel/Mobile**

**Name**  **Address**  **Tel/Mobile**



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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 CEO	Initial		Date:	

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