



## Complaints & Appeals Form

<b>Complainant Name</b>			<b>COMPLAINT AGAINST</b>	
	<b>Date Submitted</b>			
	<b>Who is complaining (Please tick)</b>	<input type="checkbox"/> Student		<input type="checkbox"/> RTO Staff Member
		<input type="checkbox"/> Trainer/Assessor		<input type="checkbox"/> Employer
<b>Form submitted to</b>				
<b>Other party/s involved</b>				
<b>C&amp;A Register No</b>				

*Appeals 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/GREIVANCE/APPEAL

**APPEALS:** Have you discussed this matter with your trainer in an attempt to reach a decision? Yes/No

---



---



---



---



---

**Signed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form submitted to RTO Manager or CEO Date: \_\_\_\_\_



# H&A Training

ABN 66612948197  
PO Box 2085,  
Elmore Vale 2287  
Ph: 02 4955 8084  
firstaid@hatraining.com  
[www.hatraining.com](http://www.hatraining.com)  
RTO Number: 90871

## 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. The 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:



# H&A Training

ABN 66612948197  
PO Box 2085,  
Elmore Vale 2287  
Ph: 02 4955 8084  
firstaid@hatraining.com  
[www.hatraining.com](http://www.hatraining.com)  
RTO Number: 90871

## FEEDBACK FROM COMPLAINANT

- Satisfied with outcome
- Dissatisfied with outcome – Further action required
- Matter was dealt with within a reasonable timeframe Yes/No

Other comments:

---

---

---

**Complainant Signature:**

**Date:**

ACTION/MONITORING	Date	Action taken by
<input type="checkbox"/> Opportunity for Improvement implemented		
<input type="checkbox"/> Actioned at Quality & Compliance Meeting		
<input type="checkbox"/> Policies and procedures updated and implemented		
<input type="checkbox"/> Filed into Complaints Register		
<input type="checkbox"/> Cross-referenced with Database		

**Please submit this form to the RTO Manager or CEO**