



COMPLAINTS & APPEALS FORM (GRIEVANCE FORM)

Name:

Address:

.....

Telephone: Home Work Mobile

Date:.....

Best time to be contacted

.....

Course or training being undertaken with us:

Name of trainer or assessor:.....

Details of Grievance

Describe your complaint, or the decision you want to appeal:

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Date or dates involved:

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Describe any efforts *you* have made to resolve the issue:

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Describe any efforts staff have made to resolve the issue:

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How do you think the situation can be resolved – what do you want to happen?

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Signature and Declaration

I hereby affirm the information provided within this form to be true and correct. I authorise the College to obtain further information with respect to my grievance and, if necessary, to investigate the legitimacy of my claims

Signature: _____ Date: _____

The Victorian Ombudsman

1800 806 314 (between 9am-5pm Monday to Friday)

Alternatively, lodge a complaint via <https://www.ombudsman.vic.gov.au/complaints>

Privacy

In compliance with the Privacy Amendment (Private Sector) Act 2000, the information on this form will only be used for purposes associated with this grievance. Information collected is used solely for the purpose of assisting the College to make an informed decision on your case, and will not be disclosed unless authorised by you or your agent, or required by law.