

COMPLAINT / COMPLAINT APPEAL FORM

REACH
FOR TRAINING



Purpose of this document: this form needs to be completed for a formal Complaint / Complaint Appeal to be registered.

Before making a complaint, it is suggested that the Complainant first attempts to address the issue(s) with all the parties involved. This way concern(s) resulting from miscommunication and/or misunderstanding can be resolved quickly and efficiently; if this is NOT possible, then please complete this form to start a formal COMPLAINT / COMPLAINT APPEAL procedure.

Filling in this form

- Please use **black or blue pen**.
- Print in **BLOCK LETTERS**.
- Mark boxes like this with a ✓ or ✗ .
- **Section A** is mandatory and must be completed in FULL.
- **Section B** for Complaint ONLY.
- **Section C** for Appeal ONLY – (only if you are not satisfied with decision from complaint outcome)



If required, attach additional page(s) of complaint (or) appeal details.

Returning your form

Check that you provide all required information and that you sign and date this form.

You can return this form and any supporting document(s) as detailed in the options below:

- **Email** – You can email the completed forms to complaints@reachfortraining.com.au
- **In person** – at the reception desk in one of our offices that is closest to you.
- **By Post** - return your documents by sending them to:

**National Operations Manager
REACH for Training
Suite 5, 125 Main Street Blacktown,
NSW 2148**

What happens when I make a Complaint /Appeal to REACH?

(Refer to complaint and appeal policy and procedure (P&P) in your learner handbook)

- We will formally respond to you in writing (within 5 working days), acknowledging the receipt of complaint /appeal and advise you of any further action that might be needed;
- We will ensure all reasonable effort is made to resolve most complaints/appeal within 30 working days however, in some individual cases this may not be possible;
- If the complaints/appeal within 30 working days is not possible then this will be communicated to you in writing prior to the 30 working day timeline has expiring;
- In the event that the National Operation Manager and/or National Compliance Manager is party to the complaint, then National Operation Manager and/or National Compliance Manager will not take part in any decision making and/or evidence gathering activities and the matter will be referred to the CEO for a successful complaint and appeal resolution;
- Person(s) making the complaint and/or appeal are encouraged to have their own representatives (for support) at resolution meetings;
- REACH will take all possible measures to ensure that your course of study is not impacted;
- Where it is reasonably possible, REACH will notify all parties directly involved in the complaint and/or appeal, so they will have the opportunity to respond to the allegations; and
- Regardless of the outcome, all parties involved are to be notified in writing of the decision outcome.

COMPLAINT / COMPLAINT APPEAL FORM



| SECTION A – Mandatory section and must be completed in FULL | | | | | | |
|---|--|---|-----------------------------------|---|---|-----------------------------|
| Date of Complaint | | | State | <input type="checkbox"/> ACT | <input type="checkbox"/> NSW | <input type="checkbox"/> WA |
| Complainant <i>(Please indicate)</i> | <input type="checkbox"/> Learner | <input type="checkbox"/> Trainer/Assessor | <input type="checkbox"/> Employee | <input type="checkbox"/> Workplace Supervisor | <input type="checkbox"/> Others, Please specify | |
| Complainant Name | | | | | | |
| Contact number | | | Email | | | |
| Type of Complaint | <input type="checkbox"/> Complaint | | | <input type="checkbox"/> Complaint Appeals | | |
| <i>(ALL appeals will be handled directly by the complaint and appeal resolution team)</i> | | | | | | |
| Details of the person you are making the complaint against | Full Name <i>(please print)</i> | | | | | |
| | | | | | | |
| Contact number | | | Email | | | |
| Other people / witnesses involved | | | | | | |

DETAILS OF COMPLAINT / COMPLAINT APPEAL *(attach extra page(s) if required)*

 extra page(s) attached YES NO

| | | |
|--|------------------------------|-----------------------------|
| <i>Do you need any additional support/special needs to assist you with the Complaint/appeal?</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|

(REACH will contact you before any meeting, to try and organise the requested support)

Complainant's Signature: _____ **Date:** _____

Received By: _____ Date: _____
(REACH representative please print name)

COMPLAINT / COMPLAINT APPEAL FORM



SECTION B - COMPLAINT SECTION (FOR COMPLAINTS ONLY for appeals please go to SECTION C)

COMPLAINT OUTCOME

DATE:

(OFFICE USE ONLY)

National Operations Manager: _____ (print name)

- Evidence related to complaint from all parties has been gathered and recorded;
- Initial meeting held with all parties involved in this complaint;
- Resolution arrived and accepted by all parties involved, complaint considered to be closed;
- Minutes of meeting have been recorded, signed and filed together with this report;


Further investigation required; if no resolution agreed (and/or) arrived by all parties

- Referred to complaints resolution team;
- Referred to other support services (E.g. police, hospital, etc.)
- Referred to external conflict resolution support services (E.g. counseling services, LLN, etc.)
- if YES please specify:

The RTO is responsible for acting upon the subject of any complaint found to be substantiated refer to P&P

RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT

(OFFICE USE ONLY)

 extra page(s) attached YES NO

Action/Response Taken By:

Date:

COMPLAINT / COMPLAINT APPEAL FORM



SECTION C - APPEAL SECTION *(for complaint please go to section B)*

COMPLAINT APPEALS OUTCOME

DATE:

(OFFICE USE ONLY)

Appeal Resolution Team:

1 _____

(print FULL name and designation)

2 _____

(print FULL name and designation)

3 _____

(print FULL name and designation)

- Initial complaint outcome and evidence collected has been reviewed;*
- Resolution arrived and accepted by all parties involved, complaint appeal considered to be closed;*
- Minutes of meeting have been recorded, signed and filed together with this report;*
- Successful resolution not reached and complaint appeal remains open;*


Further investigation required:

- Referred to other support services (E.g. police, hospital, etc.)*
- Referred to external conflict resolution support services (E.g. counseling services, LLN, etc.)*
- if YES please specify:

The RTO is responsible for acting upon the subject of any appeal found to be substantiated refer to P&P

RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT

(OFFICE USE ONLY)

 extra page(s) attached YES NO

Action/Response Taken By:

Date:

COMPLAINT / COMPLAINT APPEAL FORM



SECTION D

FEEDBACK FROM COMPLAINANT / APPELLANT

(OFFICE USE ONLY)

extra page(s) attached YES NO

- Unsatisfied with outcome – (YES, further action is required)
- Satisfied with outcome – (NO, further action is required)
- Matter was dealt with within a reasonable timeframe Yes No

Other comment(s):

COMPLAINANT/ APPELLANT Signature: _____

Date: _____

RTO Representative Signature: _____ **File Closed Date:** _____

RTO Representative Name: _____
(print name)

| ACTION / MONITORING (OFFICE USE ONLY) <i>(Managed by compliance team)</i> | Date | Action taken by |
|---|------|-----------------|
| <input type="checkbox"/> Opportunity for Improvement passed | | |
| <input type="checkbox"/> Discussed/Actioned at Quality Assurance Meeting/CIMM dated | | |
| <input type="checkbox"/> Policies and Procedures reviewed/updated and implemented | | |

End of Document