

Complaints and Appeals Form

1. Information for complainants

- A complaint should only be lodged in writing if you have been unable to resolve your issue or concern informally.
- Careers and Internships will commence investigation of any complaint within 10 working days of lodgement.
- All complaints should be resolved within 60 days.
- Complainants may be asked to provide additional information to support their complaint
- Complainants should read the relevant Complaints and Appeals Policy
- Please complete all sections of this form

2. Privacy Notice

Our commitment to you:

We will only use the information provided on this form to resolve your complaint. We will usually provide the information you give us to other divisions within this organisation that may have information relevant to your complaint so that it can be managed fairly. Your personal information will not be provided to any person you are complaining about, unless it is specifically required to ensure your complaint is appropriately dealt with. None of the information you provide on this form will be disclosed outside of the business without your permission, unless we are required to do so by law.

3. Personal Details

(Fields marked with * must be completed)

Title & Gender	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
*Name		
*Intake Date:		Trainer:

4. Contact Details

What is your current residential address?	
*What is your mailing address?	
Daytime contact number	
Mobile phone number	
Email address	
Preferred contact method	<input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Other:

5. Complaint Details

Please outline what has occurred that prompted you to lodge this complaint. If necessary, attach an extra page to outline the complaint. Any documentation that supports your complaint should also be provided (copies only)

Date of submission	
What is your expected outcome?	
Have you reported your complaint to any other agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, to whom:
Have you lodged a complaint about this issue before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, to whom:

6. Acknowledgement

All of the information provided is true and correct to the best of my knowledge.

Signature:		Date:	
I am willing to provide additional feedback to the Business Services Manager if required		<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. OFFICE USE ONLY

*Receiving Officer			
Position		Date	
Referred to State Manager		Date	
Notes/Outcome			