

S2.7.1 Complaints Lodgment Form

SECTION 1 – Personal Details																					
Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss																		
Address:		Post Code:																			
Email:		Tel/ Mobile:																			
SECTION 2 – Complainant Declaration																					
<p>I have read and understood the NSS 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 NSS 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.</p>																					
Signature :		Date:	/ /																		
SECTION 3 – Complaint Details																					
Please tick the following areas to which your complaint relates:																					
<table border="0"> <tr> <td><input type="checkbox"/> Training Materials</td> <td><input type="checkbox"/> Assessment Materials</td> <td><input type="checkbox"/> Services provided</td> </tr> <tr> <td><input type="checkbox"/> Training Facilities</td> <td><input type="checkbox"/> Assessment Facilities</td> <td><input type="checkbox"/> Personal conflict/Behaviour</td> </tr> <tr> <td><input type="checkbox"/> Training Content/information</td> <td><input type="checkbox"/> Assessment Environment</td> <td><input type="checkbox"/> Discrimination Victimisation</td> </tr> <tr> <td><input type="checkbox"/> Training Environment</td> <td><input type="checkbox"/> Assessment Location</td> <td><input type="checkbox"/> Privacy Breach</td> </tr> <tr> <td><input type="checkbox"/> Training –</td> <td><input type="checkbox"/> Assessment - Other</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (Please provide details)</td> <td></td> <td></td> </tr> </table>				<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 Victimisation	<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Privacy Breach	<input type="checkbox"/> Training –	<input type="checkbox"/> Assessment - Other		<input type="checkbox"/> Other (Please provide details)		
<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 Victimisation																			
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Privacy Breach																			
<input type="checkbox"/> Training –	<input type="checkbox"/> Assessment - Other																				
<input type="checkbox"/> Other (Please provide details)																					
Does your complaint involve another person (e.g. Trainer/Assessor/other student)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide their name:																					
Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:																					

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Complaints Lodgment Form Page 2

Please outline the details of your complaint: please include additional pages/evidence as required.

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

Complaint Form Received (Admin)	Initial:	Date: / /
Complaint Lodgment recorded (Register)	Initial:	Date: / /
Letter of Acknowledgement sent	Initial:	Date: / /
Complaint Forwarded to RTO Manager	Initial:	Date: / /

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