

Complaints and Appeals Form

Please fill out the relevant complaint or appeal fields. Upon completion of the relevant fields in the document, send to admin@rosetraining.com.au

Student Details	
Name:	
Student Id #:	
Contact details:	
Date:	
Complaint Details	
Course:	
Please outline your complaint: <i>Please include an outline of the issue in detail</i> <i>What happened</i> <i>When did items occur</i> <i>Who was involved</i>	
Why do you think this issue has occurred?	
What actions would you like to happen in order to resolve this issue?	

Complaint Handling (Staff only)	
Complainant type:	<input type="checkbox"/> Student <input type="checkbox"/> RTO Staff Member <input type="checkbox"/> Third Party Partner <input type="checkbox"/> Student Representative <input type="checkbox"/> Stakeholder <input type="checkbox"/> Other: <input type="checkbox"/> Client
Complaint received by:	<input type="checkbox"/> By telephone <input type="checkbox"/> In person <input type="checkbox"/> By fax <input type="checkbox"/> By email <input type="checkbox"/> By letter / mail <input type="checkbox"/> Other:
RTO personnel receiving complaint:	
Complaint raised against:	<input type="checkbox"/> RTO <input type="checkbox"/> Student of the RTO <input type="checkbox"/> RTO Third Party Partner <input type="checkbox"/> RTO Staff Member
Details:	
Complaint handling allocated to:	
Identified primary cause of complaint:	<input type="checkbox"/> Time / Response Issue <input type="checkbox"/> Poor response to information request <input type="checkbox"/> Communication Issue <input type="checkbox"/> Personnel Issue <input type="checkbox"/> Training Product / Course Issue <input type="checkbox"/> Promises Not Delivered Issue <input type="checkbox"/> Client Needs Not Defined Issue <input type="checkbox"/> Other: <input type="checkbox"/> Client Service Issue
Further complaint details:	
Actions taken to resolve complaint:	

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Appeal Details

Course:	
Unit(s) of competency relevant to the Appeal:	
Assessment task(s) relevant to the appeal:	
Assessor name:	
<p>Please outline why you wish to Appeal the assessment result awarded:</p> <p><i>Please include an outline of the issue in detail</i></p> <p><i>What happened</i></p> <p><i>When did items occur</i></p> <p><i>Who was involved</i></p>	

Appeal Details

Why do you think this issue has occurred?	
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What actions would you like to happen in order to resolve this issue?	

Appeal Handling (Staff only)	
Appeal handling process allocated to:	
Further appeal details:	
Re-assessment process undertaken:	
Other actions taken to resolve appeal:	

Appeal outcome:	
Handling (Staff only)	
Continuous Improvement Record raised:	<i>Include reference number if applicable</i>
Actions taken to prevent reoccurrence:	<input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure <input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other:
Written confirmation to Appellant:	<input type="checkbox"/> Attached Date despatched: Method of despatch:
RTO Manager name & signature:	