

# Complaints Lodgement Form



| SECTION 1 – Personal Details  |   |  |     |
|---|---|--|-----|
| <b>Name:</b>  |   |  |     |
| <b>Learner ID No:</b>   |   | <b>Date:</b>   |     |
| <b>Address:</b>   |   |  |     |
| <b>Email:</b>   |   | <b>Tel/ Mobile:</b>                                  |     |
| SECTION 2 – Course / Unit/ Module Details   |   |  |     |
| <b>Course Code/Title :</b>  |   |  |     |
| SECTION 3 – Complainant Declaration   |   |  |     |
| I have read and understood the Avante Education 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 Avante 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. |   |  |     |
| <b>Signature:</b>   |   | <b>Date:</b>   | / / |
| SECTION 4 – Complaint Details   |   |  |     |
| Please tick the following areas to which your complaint relates:  |   |  |     |
| <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              |     |
| <input type="checkbox"/> Training Environment   | <input type="checkbox"/> Assessment Location    | <input type="checkbox"/> Victimization               |     |
| <input type="checkbox"/> Training – Other   | <input type="checkbox"/> Assessment - Other     | <input type="checkbox"/> Privacy Breach              |     |
| <input type="checkbox"/> Other :  |   |  |     |
| 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:   |   |  |     |
| <b>Name:</b>  |   | <b>Name:</b>   |     |
| <b>Tel/Mobile:</b>  |   | <b>Tel/Mobile:</b>                                   |     |

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|  |
|--|
|  |
| Please outline the nature/circumstances of your complaint:         |
|  |
| What actions have you taken, in an attempt to resolve this matter: |
|  |
| What action/resolution would you like to see occur/implemented:    |
|  |

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| Admin Use Only   |                |  |              |   |   |
|--|----------------|--|--------------|---|---|
| <input type="checkbox"/> Complaint Lodgement Received    | <b>Initial</b> |  | <b>Date:</b> | / | / |
| <input type="checkbox"/> Complaint Lodgement recorded    | <b>Initial</b> |  | <b>Date:</b> | / | / |
| <input type="checkbox"/> Acknowledgement sent            | <b>Initial</b> |  | <b>Date:</b> | / | / |
| <input type="checkbox"/> Complaint Forwarded to Director | <b>Initial</b> |  | <b>Date:</b> | / | / |

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