

# Complaints and Appeals Form

Updated: April 28, 2014



## PERSONAL DETAILS

FAMILY NAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### Are you: (please tick)

- A Student                       Parent or Guardian                       Staff Member  
 Other (please specify): \_\_\_\_\_

## COLLEGE AND COURSE DETAILS

### The complaint about events at:

- Evac You 8 Training Facility  
 Other (please specify): \_\_\_\_\_

Date of Training: \_\_\_\_\_

### I attended the following Course: (please tick)

- Warden Training (PUAWER005B)                       Confining Emergencies (PUAWER008B)  
 Induction Training (PUAWER001B; PUAWER004B)  
 Other (please specify): \_\_\_\_\_

### Have you discussed this matter with a member of staff?

- No (proceed to next section)                       Yes (please fill in section below)

### Which member of staff dealt with the matter?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### What was the result?


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## TYPE OF COMPLAINT

Please tick the main type(s) of issue(s) your complaint and appeal relates to:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Student Services   | <input type="checkbox"/> Trainer                          | <input type="checkbox"/> Training Manager                |
| <input type="checkbox"/> Course Information or Advertising Material                   | <input type="checkbox"/> Equipment and Teaching Resources | <input type="checkbox"/> Course Content and Structure    |
| <input type="checkbox"/> Cost Information or procedures relating to Financial Matters | <input type="checkbox"/> Management and Organisation      | <input type="checkbox"/> Course Assessments and Records  |
| <input type="checkbox"/> Staff Qualifications or Skills                               | <input type="checkbox"/> Student Welfare and Support      | <input type="checkbox"/> Attendance and Academic Records |
| <input type="checkbox"/> Enrolment Procedures   | <input type="checkbox"/> Appeal Assessment Decision       | <input type="checkbox"/> Other (please detail below)     |

### Complaint details:

Please provide specific details of what your complaint is about, and when the matter(s) involved occurred. Providing as much detail as possible will assist us in investigating your complaint. If necessary, you may attach extra pages or material to this form. Please also indicate the outcome you are seeking.


## AUTHORISATION

Please tick the relevant boxes and sign below:

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I confirm that I have attempted to follow <i>Evac You 8 Enterprise Pty Ltd</i> internal complaints & appeals procedure before lodging this complaint/appeal. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I understand that this complaint will be investigated and I will receive a written response within ten (10) working days.                                    |

I authorise *Evac You 8 Enterprises Pty Ltd* to proceed with an investigation of my complaint

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PRIVACY NOTICE

The information provided on this form will be used by Evac You 8 to follow up your complaint & appeal. Information is collected on this form and during your enrolment in order to meet our RTO obligations under the **Standards for NVR Registered Training Organisations 2012**. Information collected within this form is used for internal Evac You 8 purposes only and is used to provide appropriate mechanisms and services to efficiently and effectively address learner's complaints and appeals. Information collected about you on this form and during your enrolment may be provided, in certain circumstances, to the Australian Government and designated authorities. In other instances information collected on this form or during your enrolment can be disclosed without your consent where authorised or required by law.

### PLEASE SEND THIS COMPLETED FORM TO:

**Postal Return:** PO Box 7098, Warringah Mall, NSW, 2100    **Fax:** (02) 9939 6035  
**Email:** [contact@evacyoueight.com.au](mailto:contact@evacyoueight.com.au)