

Complaint 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 – Course / Unit Details			
Code/Title:		Date:	/ /

SECTION 3 – Complainant Declaration			
<p>I have read and understood the Connection Group Australia 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 Connection Group Australia may conduct an independent investigation 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 4 – Complaint Details			
Please tick the following areas to which your complaint relates:			
<input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other <input type="checkbox"/> Other:	<input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/Behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Victimisation <input type="checkbox"/> Privacy Breach	
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:	

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:

Admin Use Only				
<input type="checkbox"/>	Complaint Form Received (Admin)	Initial		Date: / /
<input type="checkbox"/>	Complaint Lodgement recorded (Register)	Initial		Date: / /
<input type="checkbox"/>	Letter of Acknowledgement sent	Initial		Date: / /
<input type="checkbox"/>	Complaint Forwarded to Director	Initial		Date: / /