

# Complaints Lodgement Form

<b>Name:</b>			
<b>Email:</b>		<b>Mobile:</b>	
<b>Course Code/Title:</b>		<b>Date:</b>	/ /

## SECTION 3 – Complainant Declaration

I have read and understood the Core Institute & Training 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 Core Institute & Training 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>	/ /
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## 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/Behavior |
| <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             |

Other:

Does your complaint involve another person (e.g. Trainer/Assessor/other student)?  YES  NO

If yes, please provide their name:

Does your complaint involve witnesses?  YES  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>Address:</b>	<b>Address:</b>
<b>Tel/Mobile:</b>	<b>Tel/Mobile:</b>

**More Information**

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:

**Compliance Manager Use Only**

Complaint Form Received	<b>Initial</b>	<b>Date:</b>	/	/
Complaint Lodgment recorded	<b>Initial</b>	<b>Date:</b>	/	/
Letter of Acknowledgement sent	<b>Initial</b>	<b>Date:</b>	/	/
Complaint Forwarded to CEO	<b>Initial</b>	<b>Date:</b>	/	/