

# COMPLAINT APPLICATION FORM

1. This form is to be completed in line with AVTES' Complaints & Appeals policy and procedure. It is suggested that the client read the **Student Information Handbook Extract** before proceeding to lodge their complaint.
2. All complaints will be dealt with fairly. The process used by AVTES provides the client with an opportunity to have their complaint dealt with effectively and efficiently.
3. Please fully complete this form where indicated before forwarding to the **Directors, AVTES, PO Box 1148, Warrnambool 3280** in the reply paid envelope provided.

## Client's Details:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Workplace: \_\_\_\_\_

## Nature of Complaint:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /200\_\_\_\_\_



Internal Use Only

Complaint Received		
Responsible Director:	Signature:	Date Received: ____/____/200____
Responsible Parties		
Training Co-Ordinator:		
Program Manager:		
Meeting Details		
Date Held: ____/____/200____	Time:	Venue:
Parties Attending Meeting:		
Complaint Details:		
Recommendation(s)		
Outcome (including rationale) forwarded to client?	<input type="checkbox"/> YES	Date Sent: ____/____/200____
Director's Signature: _____	Date: ____/____/200____	
Resolution Achieved?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please give appeal date: ____/____/200____