

COMPLAINT/APPEAL 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/appeal to ensure the complaint is relevant and applicable.
2. All complaints/appeals will be dealt with fairly. The process used by AVTES provides the client with an opportunity to have their complaint/appeal dealt with effectively and efficiently.
3. Please complete this form fully where indicated before forwarding to the **Directors, AVTES, PO Box 1148, Warrnambool 3280** in the reply paid envelope provided or forward via email to hello@avtes.com.au

Complainant/Appellant Details:

Name: _____

Address: _____

Email address.: _____ Mobile No.: _____

Workplace: _____

Nature of Complaint/Appeal:

How would you like the complaint resolved:

Signature: _____

Date: _____ / _____ /20_____



Internal Use Only

COMPLAINT/APEAL RECEIVED		
Responsible Director:	Signature:	Date Received: ____ / ____ /20 ____
Is the complaint related to AVTES provided training services? <i>Services mean training, assessment, related educational and support services and/or any activities related to the recruitment of prospective learners.</i>	Yes / No If no, advise complainant.	
RESPONSIBLE PARTIES		
Trainer Assessor:		
Program Manager:		
STEPS TAKEN		
DISCUSSION/MEETING DETAILS (if held)		
Date Held: ____ / ____ /20 ____	Time:	Venue:
Parties Attending Discussion/Meeting:		
Complaint/Appeal Details:		
RECOMMENDATION(S) (if any) and Reasons for decision/s taken		
Outcome (including rationale) forwarded to client?	<input type="checkbox"/> YES	Date Sent: ____ / ____ /20 ____
Director's Signature: _____	Date:	____ / ____ /20 ____
Resolution Achieved?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please give appeal date: ____ / ____ /20 ____