WA Skills Training are committed to providing you with the best possible service and to improving our services. You can use this form at any time to lodge a formal complaint or appeal including an appeal against our assessment decisions. However, if you have a complaint or wish to appeal any decisions we urge you to first try to informally discuss the issue with the person concerned, your trainer or the Compliance Manager.

**DEFINITIONS:**

**Complaint:** an action taken by a participant/trainee or rectification of an issue in response to their dissatisfaction/ disapproval with any aspect of the operation of WA Skills Training. Options, other than the result of an assessment. The issues, of which a participant/trainee may lodge a complaint/grievance include, but is not limited to: a policy or procedure, fees, teaching/delivery styles etc.

**Appeal:** an action by a participant/trainee to request a re-evaluation of an assessment resulting from dissatisfaction or disagreement with a result awarded.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Personal Details** | | | | | | | |
| **Surname** |  | | **Given Names** | |  | | |
| **Address** |  | | | | | | |
| **Suburb** |  | | **State** | |  | **Post Code** |  |
| **Tel (Work)** |  | | **Mobile** | |  | | |
| **Email** |  | | | | | | |
| **D.O.B** |  | | | | | | |
| **2. Nature of Complaint or Appeal** | | | | | | | |
| I wish to lodge a | | Compliant | | Appeal | | | |
| Qualification and/or Units of Competency | | List | | | | | |
| **Please describe the details of the complaint or appeal (you may attach supporting documentation if required)** | | | | | | | |
|  | | | | | | | |
| **Have you taken any steps to resolve this issue? If yes please provide details.** | | | | | | | |
|  | | | | | | | |
| **2. Nature of Complaint or Appeal (continued from previous page)** | | | | | | | |
| **What outcome would you like to see from raising this complaint / appeal?** | | | | | | | |
|  | | | | | | | |

Students Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| **Wanted resolution or outcome** | | | |
| Refund or Credit Note | | Meeting with Training Coordinator / General Manager | |
| Appeal passed (assessment re-marked) | | Other (please specify) | |
| **Appropriate Action Applied** | | | |
| Participant informed of outcome (letter attached) | | Initial | Date |
| Other, please specify | | Initial | Date |
| Raised at RTO Meeting (Management Meeting) | | Initial | Date |
| **Comments related to actions applied:** | | | |
|  | | | |
| Signature | Date | | |