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  |