



Good Counsel College (RTO Number: 30554)

COMPLAINTS AND APPEALS FORM

Please refer to the publicly available Complaints and Appeals Policy and Procedure prior to completing and submitting this form.

Please submit completed form to Mrs Marcelle Foster (mfoster@cns.catholic.edu.au)

Section 1: Details of the Complainant/Appellant

<i>Name:</i>			
<i>Year level:</i>			
<i>Phone:</i>	Mobile:	Home:	
<i>Email:</i>			
<i>Date:</i>			

Section 2: Complaint/Appeal Details

<i>Type of Complaint/Appeal:</i>	Verbal	Written	Electronic
<i>Qualification Code and Title:</i>			
<i>Units of competency for appeal</i>			
<i>Details of Complaint/Appeal:</i> <i>(Attach copy – if written or electronic)</i>			
<i>What outcome do you seek?</i>			
<i>Have you raised this issue previously?</i>			

Yes	<i>When and with whom?</i>	
	<i>What was the result?</i>	
No	<i>Why not?</i>	
<input type="checkbox"/> I declare that information and documentation given on this Complaints and Appeals form is in good faith and is true and accurate.		
Name of complainant /appellant (please print):		
Signature of complainant /appellant:		Date:
Name of witness: (please print): (if relevant)		
Signature of witness:		Date:

For Office Use Only:

Section 3: Receipt of Complaint and Appeals Form

Name of RTO Staff Member (please print):	
Signature:	Date:

Section 4: Actions and Decisions taken

<i>Actions taken:</i>
<i>Names of Independent Party (if relevant):</i>
<i>Decisions made:</i>
<i>Details of any further action required:</i>
<i>Resolution Date:</i>

<i>Recorded into secure Register of Complaints and Appeals</i>	Yes	No
<i>RTO Staff Member</i>		
<i>Name:</i>		
<i>Signature:</i>		<i>Date:</i>