



**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>	<i>Mobile:</i>	<i>Home:</i>	
<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"/> <b>I declare that information and documentation given on this Complaints and Appeals form is in good faith and is true and accurate.</b>		
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>