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| --- | --- |
| **Complainant Details** | |
| Name: |  |
| Contact details: |  |
| Date: |  |

|  |  |
| --- | --- |
| **Complaint Details** | |
| Course / Service: |  |
| Please outline your complaint:  *Please include an outline of the issue in detail*  *What happened*  *When did items occur*  *Who was involved* |  |
| Why do you think this issue has occurred? |  |
| What actions would you like to happen in order to resolve this issue? |  |

| **Complaint Handling – Heed Education Representative** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Complainant type: | Student  Student Representative  Student (Minor / Child) | | Client  RTO Staff Member  Stakeholder | | Third Party Partner  Other: |
| Complaint received by: | By telephone  By email | In person  By letter / mail | | | By fax  Other: |
| RTO personnel receiving complaint: |  | | | | |
| Complaint raised against: | RTO  RTO Staff Member  Individual Working Under Direction | Student of the RTO  Industry Expert | | | RTO Third Party Partner |
| Details: |  | | | | |
| Complaint assessment: | *Safety Concern? Need for Immediate Action? Likelihood of Compensation?*  Urgent  General | | | | |
| Immediate action taken (if any): |  | | | | |
| The due date for a response: | ASAP and by: | | | | |
| Date written acknowledgement sent: |  | | | | |
| Complaint handling allocated to: |  | | | | |
| Identified primary cause of complaint: | Time / Response Issue  Communication Issue  Training Product / Course Issue  Client Needs Not Defined Issue  Client Service Issue | | | Poor response to information request  Personnel Issue  Promises Not Delivered Issue  Other: | |
| Recurrent problem? | Yes  No | | | | |
| Further complaint details: |  | | | | |
| Actions taken to resolve complaint: |  | | | | |
| Continuous Improvement Record raised: | *Include reference number if applicable* | | | | |
| Actions taken to prevent reoccurrence: | Update to course / training product  Provision of additional information  Amended system / policy / procedure  Personnel training conducted  Personnel support undertaken  Other: | | | | |
| Written confirmation to complainant: | Attached Date despatched:  Method of despatch: | | | | |