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

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| **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** |
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| 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: |