

# Complaints and Appeals Form

Version 1.0

## SECTION ONE – INSTRUCTION

This form is used to register a formal Complaint or Appeal, whereby:

- A **Complaint** is the formal acknowledgement of dissatisfaction regarding a product, service or conduct by MultiSkills Training, its staff, contractors, students or any relevant third parties. A Complaint can relate to the enrolment process, marketing information and permissions, quality of training and assessment, student progress, student support or the behaviour or actions of MultiSkills Training’s staff, contractors, students or any relevant third parties.
- An **Appeal** is a formal request for an alternative decision to be made by MultiSkills Training regarding a previous lodged Complaint.

For a **Complaint**: Please populate Sections 2, 3, 4 and 6 of this form.

For an **Appeal**: Please populate Sections 2, 3, 5 and 6 of this form.

Once completed, please compile and attach any supporting documentation and either send it electronically to [complaints@multiskills.com.au](mailto:complaints@multiskills.com.au)

## SECTION TWO – CONTACT INFORMATION

|     |   |  |                                   |  |  |
|-----|---|--|-----------------------------------|--|--|
| 2.1 | Please select the options that best identifies your relationship with MultiSkills Training: |  |                                   |  |  |
|     | <input type="checkbox"/> Student  | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Employer | <input type="checkbox"/> MultiSkills Training staff member | <input type="checkbox"/> Other (please specify): |

|     |   |  |                              |                                    |                                |
|-----|---|--|------------------------------|------------------------------------|--------------------------------|
| 2.2 | Please provide your contact details. These contact details will be used by MultiSkills Training to correspond with you regarding this matter: |  |                              |                                    |                                |
|     | Title   | <input type="checkbox"/> Mr                                      | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms / Miss | <input type="checkbox"/> Other |
|     | Family name   |  |                              |                                    |                                |
|     | Given names   |  |                              |                                    |                                |
|     | Email address   |  |                              |                                    |                                |
|     | Postal address (including postcode)   |  |                              |                                    |                                |
|     | Student number (if applicable)  |  |                              |                                    |                                |
|     | Contact details   | Home Phone Number:<br>Mobile Phone Number:<br>Work Phone Number: |                              |                                    |                                |

## SECTION THREE – UTILISATION OF THIS FORM

|     |                                     |                                    |  |
|-----|-------------------------------------|------------------------------------|--|
| 3.1 | Please tick the appropriate option: | <input type="checkbox"/> Complaint | <input type="checkbox"/> Appeal<br>Please provide MultiSkills Training’s Complaint Reference No (#): |
|-----|-------------------------------------|------------------------------------|--|

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Document Name: Complaints and Appeals Form  
 Document Owner: Rob Gaunt  
 Version: 1.0

Document Approver: Rob Gaunt  
 Issue Date: 28/07/2023  
 Review Date: 01/12/2024

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## SECTION FOUR – COMPLAINT DETAILS

|     |   |  |
|-----|---|--|
| 4.1 | What is your complaint? Please include any background information, including specific dates, names and other details to help our investigation.   |  |
| 4.2 | Do you have any evidence to support your complaint? Please list any witnesses who can support your statement and attach copies of relevant documents.   |  |
| 4.3 | Have you tried to resolve the matter informally? If so, what did you do, who did you ask for help, and what was the result? If you have not attempted to resolve the matter informally, please explain why. |  |
| 4.4 | What effect has this matter had on you? And what outcome for resolution are you seeking?  |  |

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## SECTION FIVE – APPEAL DETAILS

|     |  |  |
|-----|--|--|
| 5.1 | Why do you not agree with the resolution of the complaint?   |  |
| 5.2 | Do you have any new evidence to support your appeal? Please attach copies of any relevant documents. |  |
| 5.3 | What outcome for resolution are you seeking?   |  |

## SECTION SIX – ACKNOWLEDGEMENT

Through submission of this form, I confirm that all information provided here is true, correct, and accurate to the best of my knowledge. I understand that a formal investigation of my complaint requires that the details of my complaint or appeal (including my identity) may be shared with any of the persons involved in the complaint or appeal so that they can respond. These details may also be shared with potential witnesses. I also confirm that I have read and understood the *Complaints and Appeals Policy* and will provide any supporting documentation (if required) to support this matter.

By reading this disclosure, I also confirm that I understand that MultiSkills Training will treat sensitive information received or exchanged during an investigation of the Complaint or Appeal in accordance with the *Governance and Compliance Policy*:

|     |           |  |
|-----|-----------|--|
| 4.2 | Name      |  |
| 4.3 | Signature |  |
| 4.4 | Date      |  |

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