

# Complaints and Appeals Form

A **Complaint** is any formal expression of dissatisfaction, whether written or oral, submitted to Technical Institute of Victoria (TIV) about their policies, services or decisions.

**Appeal** means to call into question a formal decision or action instigated by a staff member of TIV.

Generally, the first person to see about any possible dissatisfaction or question is your Trainer or the Administration Department. If it cannot be resolved through speaking with your Trainer or Administration Officers, you should discuss it with the Administration Manager. If the Complaint/Appeal involves a personal or welfare matter, you can approach the Student Support Officer. You may also put your concerns in writing.

TIV's Complaints and Appeal Policy is available at the Institute Reception or can be downloaded from our website [www.techinstitute.vic.edu.au](http://www.techinstitute.vic.edu.au).

To make a complaint or an appeal fill out this form with any supporting evidence and hand it to the Administration Department who will act in accordance with TIV's Complaints and Appeals Policy. Your Complaint or Appeal and the supporting evidence will be registered and responded to within **10 days** of your form being lodged with the Administration Department.

**The student must exhaust these complaints and appeals process prior to going to the Australian Skills Quality Authority (ASQA) or any external bodies. All complaints are kept and filed separately from your student file.**

## YOUR DETAILS

Name	Student ID Number
Course	Trainer/Assessor
Postal Address	
Email Address	Mobile Number

## COMPLAINT / APPEAL (tick appropriate box)

**Type of Incident:** Complaint  Appeal  Assessment Appeal

## Does your Complaint/Appeal relate to the following (please tick appropriate box)

<input type="checkbox"/>	Assessment / Result of Assessment	<input type="checkbox"/>	Plagiarism
<input type="checkbox"/>	The Anti Discrimination Policy	<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	The Equal Opportunity Policy	<input type="checkbox"/>	Complaints against a student
<input type="checkbox"/>	Complaints against a Trainer/Assessor/Staff	<input type="checkbox"/>	Others (please specify)

## Details of the Complaint/Appeal

**If Complaint/Appeal relates to assessments, have you taken up your Complaint/Appeal to your Trainer/Assessor?**  Yes  No

**Otherwise, have you raised the matter with the Administration Department?**  Yes  No

# Complaints and Appeals Form

If your answer to either of the above questions is 'No', please explain why and with whom within TIV, if anyone, you have raised the matter.

What is your desired outcome which you believe would settle the Complaint/Appeal?

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of TIV Staff who received the Complaint	Date Received
<b>NOTE TO STAFF WHO RECEIVED THE COMPLAINT/APPEAL:</b> Upon affixing your Name and date Received, please provide a photocopy of pages 1-2 of this completed form to the student.	
Entered on Complaints Register <input type="checkbox"/> yes <input type="checkbox"/> no	Date entered on Complaints Register

# Complaints and Appeals Form

## TIV Office Use only

### Investigation and Outcome

**1. Details of Investigation**

**2. Resolution**

**3. Closure of Student's Complaint/Appeal and Mutually Satisfactory Outcome.**

**This section is to be signed by both the student and the Institute Staff Representative when a mutually satisfactory resolution has been achieved.**

We, \_\_\_\_\_ and \_\_\_\_\_  
 declare that the resolution described herein above has worked to our mutual satisfaction and agree to close this complaint/Appeal.

\_\_\_\_\_  
 Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
 TIV Staff Name and Signature \_\_\_\_\_  
Date

\*\*\*\*\*

Student notified of outcome in writing and record placed in student's file	<input type="checkbox"/> yes	<input type="checkbox"/> no
Complaints Register updated	<input type="checkbox"/> yes	<input type="checkbox"/> no
Continuous Improvement Request (CIR) Raised	<input type="checkbox"/> yes	<input type="checkbox"/> no

CIR Raised by: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please attach completed CIR form with any supporting evidence and submit to the RTO Manager/Compliance Manager.