

Complaints Lodgement Form



Complaints Lodgement Form						
SECTION 1 – Personal Details						
Name:		Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Address:			Post Code:			
Email:			Tel/ Mobile:			
SECTION 2 – Course / Unit/ Module Details						
Code/Title :			Date:	/ /		
SECTION 3 – Complainant Declaration						
<p>I have read and understood the Australian Healthcare Qualifications & Training Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Australian Healthcare Qualifications & Training may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.</p>						
Signature :			Date:	/ /		
SECTION 4 – Complaint Details						
Please tick the following areas to which your complaint relates to:						
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided				
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour				
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination				
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation				
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach				
<input type="checkbox"/> Other :						

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Please provide a detailed explanation of your complaint:

Does your complaint involve another person (e.g. Trainer/Assessor/other student)? YES NO

If yes, please provide their name:

Does your complaint involve a witness/s? YES NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:

Address:

Tel/Mobile:

Name:

Address:

Tel/Mobile: