

Complaints and appeals application form



i Please read the Complaints and Appeals Policy before completing this document a copy of which is available by contacting head office.

Privacy Notice

Allara collects personal information solely for the purpose of operating as a Registered Training Organisation under the VET Quality Framework administered by the Australian Skills Quality Authority who is the National VET Regulator (NVR). The requirements of the NVR may mean the release of personal information for the purposes of an audit. Information collected will not be provided to anyone unless Allara has been granted permission by you or is specifically required to provide the information by law. Further information regarding your Privacy rights can be viewed in the Privacy and personal information policy which can be accessed at www.allaralearning.com.au

Please note: Complainant must provide all required documents within 10 working days. Failing to do so would prevent your application being processed. If you are unable to provide this information within this time you should contact us to discuss your options. This application will be actioned within 10 business days of being received.

Section A – Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name	<input type="text"/> <i>As it appears on your ID</i>	Middle name	<input type="text"/> <i>As it appears on your ID</i>
Family name	<input type="text"/> <i>As it appears on your ID</i>	Date of birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Employment	<input type="text"/> <i>Company name</i>	<input type="text"/> <i>Position/Department</i>	<input type="text"/> <i>Manager/Supervisor</i>
Phone	<input type="text"/> <i>Mobile</i>	<input type="text"/> () <input type="text"/> <i>Home</i>	<input type="text"/> () <input type="text"/> <i>Work</i>
Email	<input type="text"/>		

Section B - Postal address

Unit number	<input type="text"/>	Street number	<input type="text"/>
Street name	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>
		State	<input type="text"/>

Section C - Application Type

This application is for a	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal
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Section D – Complaint / Appeal Details

Please describe the nature of your complaint or appeal	
<input type="text"/>	
Relevant dates	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <i>(if applicable)</i>
	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <i>(if applicable)</i>
Supporting evidence attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Section D – Complaint / Appeal Details (CONTINUED)

If yes, provide details of documents and / or evidence supplied

Documents / Evidence Supplied

Section E – Declaration

<input checked="" type="checkbox"/> hereby declare that the information provided is true and correct.									
<i>Print name</i>									
Signature	<input checked="" type="text"/>								
	<i>Signature of declarant</i>								
Date	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Please return this form and all supporting evidence to:

General Manager, Allara Learning
Suite 6.03, L6 45 Clarence Street, Sydney NSW 2000

If you are not satisfied with the decision made / outcome of this complaint you may appeal this decision. Please refer to the Complaints, Appeals and Grievances Policy and Procedure for further information.

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OFFICE USE ONLY – the below section is to be completed by the RTO Representative conducting the review

OFFICE USE ONLY

RTO this applies to Tactical Training Group WG Learning
National Provider No. 91054 National Provider No. 91178

Supporting evidence was supplied Yes No

If you answered YES, please detail the Documents/Evidence supplied

Outcome of Complaint/Appeal Complaint/Appeal is valid Complaint/Appeal is dismissed
NOTE: Decision must be completed within 10 business days from the date this application is received

Action plan
List actions that have or will be taken to resolve the issues raised in the complaint / appeal

Basis of the decision
Describe the reasons for arriving at the above decision and associated action plan

Complainant has been provided a copy of this document and outcome letter? Yes No

Complaint has been documented in the complaints and appeals register? Yes No

Actions have been documented in the continuous improvement register Yes No
(If applicable)

NOTE: Complainant to sign declaration when receiving this report and / or retain evidence of receipt via email where necessary

Complainant declaration of receipt

I have received a copy of this report and an outcome letter has been provided to me within the required timeframes.

Signature **Date**

Report Completed By – (Representative of RTO)

Name **Position**

Signature **Date**

Note to Manager

This application must be actioned within 5 business days, refer to Complaints and Appeals Policy. A copy of this form must be provided to the complainant and the decision / outcome is to be provided within 10 days of receipt of this application.