

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

I have read and understood the APEIRO INSTITUTE 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 APEIRO INSTITUTE 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.

| | | | |
|--------------------|--|--------------|-----|
| Signature : | | Date: | / / |
|--------------------|--|--------------|-----|

SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

| | | |
|---|---|--|
| <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 : | | |

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

If yes, please provide their name:

Does your complaint involve witnesses? YES NO

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

| | | | |
|--------------------|--|--------------------|--|
| Name: | | Name: | |
| Address: | | Address: | |
| Tel/Mobile: | | Tel/Mobile: | |

Please outline the nature/circumstances of your complaint:

What actions have you taken, in an attempt to resolve this matter:

What action/resolution would you like to see occur/implemented:

Admin Use Only

| | | | | | |
|--|----------------|--|--------------|---|---|
| <input type="checkbox"/> Complaint Form Received (Admin) | Initial | | Date: | / | / |
| <input type="checkbox"/> Complaint Lodgement recorded (Register) | Initial | | Date: | / | / |
| <input type="checkbox"/> Letter of Acknowledgement sent | Initial | | Date: | / | / |
| <input type="checkbox"/> Complaint Forwarded to Director | Initial | | Date: | / | / |

Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.