

Complaints and Appeals Form



By completing this form, you will be lodging a formal complaint or appeal with Gateway Training Academy. Before you complete and lodge this form, please make sure you read the Gateway Training Academy Complaints and Appeals Policy and Procedure available on our website.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint or appeal as soon as possible.

Please email the completed Complaints and Appeals Form to info@gatewayacademy.edu.au.

For any questions, please contact Gateway Training Academy on 1300 881 932.

Section 1 - Person lodging complaint or appeal to complete this section			
Full Name:		Date:	
Email:		Phone:	
Qualification title (if applicable)			
Trainer/Staff Name: (If applicable)			
I want to lodge a:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal	
Nature of complaint / appeal:			
Details of complaint/ appeal: (Please add extra pages if required)			
What would you like to see happen?			
Privacy Notice:			
The information provided on this form will be used exclusively to resolve your appeal/complaint. None of the information you provide on this form will be disclosed to anyone outside of this business without your permission, unless we are required to do so by law and/or government bodies.			
Signature:		Date:	

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Section 2 – RTO Use Only			
Complaint received by: (Staff name)		Date complaint received:	
Manager Notified: (Manager name)			
Date entered into Complaints and Appeals Register:		Complaints and Appeals Register Reference Number:	
Manager to conduct the investigation of the complaint or appeal and include details of the investigation findings. Please leave relevant notes here.			
Decision date:			
Proposed resolution:			
Resolution sent to the Complainant/Appellant:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Complaint Outcome:			
Appeal Outcome:			
Response to proposed resolution and outcome:	<input type="checkbox"/>	Agrees and accepts	
	<input type="checkbox"/>	Disagrees and Complainant remains unsatisfied	
<input type="checkbox"/>	A copy of the resolution/outcome has been uploaded into the Complaints and Appeals Register	<input type="checkbox"/>	Assisted Complainant to access services of an independent party or external agency (if applicable)
Follow up actions: (If applicable)			
I confirm all required action/s are completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completion date:
Manager Name:			
Signature:		Date:	