

# **Complaints and Appeals Form**

#### **Purpose**

This Form is for formally lodging a complaint or to appeal a decision made by Gateway Training Academy, one of its staff members, or a third-party providing services on its behalf. Including this Form, all complaints and appeal must be lodged in writing (email/letter) within ten (10) business days of the incident occurring / assessment decision, unless there are reasonable grounds for a delay.

All matters will be handled fairly, efficiently, and confidentially, in accordance with the principles of natural justice and procedural fairness (Outcome Standards 2.7 & 2.8). If you are not satisfied with the mediated complaints or appeal process, you may contact the Australian Skills Quality Authority to lodge a complaint with the Training Regulator for consideration via their website <a href="www.asqa.gov.au">www.asqa.gov.au</a>

#### Section A: Contact Details (Complainant / Appellant)

	Details
Full Name	
Student ID (if applicable)	
Course/Qualification	
Contact Phone	
Email Address	
Mailing Address	
	Current Student
Relationship to RTO	Former Student
(Tick which applies)	Prospective Student
	Employer / Client / Other (State which):
Date of Submission	

#### Section B: Nature of the Request

Please tick the relevant box and complete the required section.

Туре	Tick	Action Required
COMPLAINT (Dissatisfaction with a service / conduct)		Complete Section C only
APPEAL (Request to review an adverse decision)		Complete Section D only



### **Section C: Formal Complaint Details (If applicable)**

#### C1. Subject of the Complaint

Subject		Name of Staff Member / Third Party (if known)				
Trainer / Assessor conduct						
Administrative / Support Staff conduct						
Quality of training/facilities/resources						
Third Party (e.g. agent, host employer)						
Discrimination or harassment						
Other:						
C3. Desired Resolution What action would you like Gateway Training Academy to take to resolve this complaint?						



# **Section D: Formal Appeal Details (If applicable)**

#### **D1.** Decision Being Appealed

Decision Type	Tick	Date you received the decision	Name of original decision- maker
Assessment Outcome (e.g. 'Not Yet Competent')			
Enrolment / Progression Decision			
Disciplinary Action			
Complaint Outcome (Moving to Independent Review)			
Other Adverse Decision:			
<b>D3. Evidence Attached</b> Copies of Assessm Other:	ient Tas	k Email Correspondence	Student Handbook Clause
Section E: Declaration and Submission			
I confirm that the information provided in	this for	rm is true and accurate.	
I understand that my formal complaint / a Training Academy Complaints and Appeal			rdance with the Gateway
I acknowledge that I may be accompanied	d by a su	ipport person throughou	it this process.
Name of Complainant / Appellant			
Signature of Complainant / Appellant			



# **Procedural Fairness Checklist (For RTO Use Only)**

RTO Action	Date Completed	Staff Signature
Was the complaint / Appeal lodged by the Complainant / Appellant within 10 business days of the incident occurring?		
Acknowledged receipt to Complainant / Appellant (within 5 business days)		
Investigation / Review commenced (within 20 business days)		
Subject of complaint / original decision-maker informed and given opportunity to respond (within 20 business days)		
Final outcome communicated in writing (within 30 business days or extended timeline provided)		
Resolution recorded in the Complaints and Appeals Register		
Used for Continuous Improvement Review		