

COMPLAINT AND APPEALS FORM

To make it as easy as possible for AHVDT to assist with your complaint, please fill in all sections of this Complaint and Appeals form. For assistance with this form, call 4921 1916 or speak with any one of our professional staff.

01. YOUR DETAILS

AHVDT Student Number (if known):					
Title:		First Name:			
Middle Name:		Surname:			
Date of Birth:		Gender:	☐ Male ☐ Female		
Postal Address:					
Suburb:		State:		Postcode:	
Phone:			Mobile:		
Email:			Preferred Contact:	☐ Telephone ☐ Email ☐ Letter	

02. GENERAL COMPLAINTS DETAILS

Does your complaint relate to?	☐ Training ☐ Assessment ☐ Facilities ☐ Staff ☐ Other				
Are you appealing and Assessment outcome?	☐ Yes ☐ No				
Course/Qualification Name:					

03. SPECIFIC DETAILS ABOUT YOUR COMPLAINT

Please summarise your complaint below. Make sure to include the following: What happened? Who was involved? When and where it happened? Any other information relating to the complaint. Attach a separate page if needed and any supporting information that will assist us in addressing your issue.

04. OUTCOME EXPECTATION

What would you like to happen to resolve your complaint?

05. PRIVACY INFORMATION

The information on this form is being collected for the purpose of managing and investigating your matter. All personal information you provide will be handled in confidence, and with discretion and integrity. It may be necessary to disclose relevant personal information to other person/s relevant to the investigation, including the person or entity you have complained about, so a prompt and professional resolution can be achieved. You can request a copy of the Complaints and Appeals Policy additional information on how your communication will be managed through our processes.

06. CONSENT TO INVESTIGATE YOUR COMPLAINT

This complaint relates to you and you are making the complaint on your own behalf:

I _____ (your name) give consent for the Director to investigate my complaint detailed on this form.

I further consent for the Director to:

- Obtain and/or exchange documents and information containing my personal information, to any third party (including the person or entity I have complained about) necessary for the purposes of investigation of my complaint
- This consent remains valid until I give instructions, written or otherwise, that it is terminated.

Signed:

Date:

07. BEFORE YOU SUBMIT YOUR COMPLAINT

Before you send this form please check that you have:

- ☐ Included as much relevant information as possible
- ☐ Attached any supporting documentation
- ☐ Provided relevant details of the person / matter you are making a complaint about
- ☐ Clearly identified your concerns
- ☐ Given consent for us to investigate your complaint

08. TO SUBMIT YOUR COMPLAINT

Send your complaint to the **Director** at:

- 6 Albert Street, Rockhampton 4700
- admin@ahvdt.com.au

We will contact you within seven days of receiving your complaint form. Where, possible, we will try to resolve your complaint as quickly as possible. Depending on the complexity or seriousness of the matter, it may take longer. We will maintain regular contact with you regarding the progress of your matter. If at any time you would like to withdraw your submission, you may do so in writing using the above contacts.