

## **COMPLAINTS AND APPEALS FORM**

## **INSTRUCTIONS**

This form can be used by anyone who wishes to:

- (a) Make a **complaint** about an action, product or service of WEMAC Training Solutions (WTS) one of its trainers, assessors or other staff, a WTS student, or a third-party providing services on WTS's behalf
- (b) Appeal against a decision made by WTS's personnel (including an assessment decision made by a WTS trainer / assessor)

The completed form must be marked for the attention of The Director of WEMAC Training Solutions and may be emailed, mailed or hand delivered to one of the following addresses:

Email: admin@wemac.com.au Mail / Hand delivered: 51 Spencer Street, Bunbury WA 6230

NOTE: Reference must be made to Complaints and Appeals Policy and Procedure to ensure procedural

fairness	
PERSONAL DETAILS	
Complainant / Participant Full Name:	
Telephone Number:	
Email Address:	
Signature:	Date:
COMPLAINT / APPEAL DETAILS	Complaint □ or Appeal □
Nature of Complaint / Appeal:	
Course Attended:	
Date of Course:	
Trainers Name:	
Comments:	
Requesting anonymity: Yes / No	/ limit the extent to which the complaint or appeal can be investigated
Signature:	y limit the extent to which the complaint or appeal can be investigated.  Date:

## **COMPLAINT / APPEAL ACKNOWLEDGEMENT** The above complaint has been acknowledged and the matter has been referred to the RTO Manager for further Investigation and or review. We are committed to ensure your complaints or appeals are reviewed and resolved within the framework and timeline stipulated by the policy. However, if we are unable to resolve the matter, we may refer or request further investigation as per company policy and keep you informed on the progress. Comments / Details: Staff Member Name: Signature: Date: Recorded in Complaints or Appeals Register: Yes $\square$ No $\square$ Date: Forwarded to: Date: PROGRESS & ACTION COMPLETED Written Acknowledgement (within 7 business days) Further investigation required: (within 30 days) Written acknowledgement has been given to the Referral to RTO Manager or nominated person. complainant **Meeting** (If required) Referred to a third party/panel Referral to other services (i.e. counseling services Complaint raised or LLN) $\Box$ Appeal raised Referred to National Training Complaints Hotline Meeting held to discuss with all parties involved Referral to government body (i.e. police, hospital) in the complaint, in order to find a solution Referral to funding body agreeable to all parties Solution found and remedied (Please continue to Complaint/Appeal Resolution/Outcomes The RTO is responsible for acting upon the subject of section) any complaint/appeal found to be substantiated Comments / Details:

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COMPLAINT / APPEAL RESOLUTION / OUTCOMES DETAILS		
Outline proposed resolution and attach letter sent to complainant		
INDEPENDENT PERSON DETAILS		
Name:		
Contact Number:		
Organisation:		
Position:		
CAUSE OF COMPLAINT / APPEAL		
ACTIONS FOR CONTINUOUS IMPROVEMENT		
Changes made to mitigate future risk:		

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ACCEPTANCE OF RESOLUTION			
Complaint/ Appeal has been satisfactorily resolved:	□ YES □ NO		
Closure Comments:			
NON CLOCUPE ACTIONS			
NON-CLOSURE ACTIONS	=a		
Referral to Training Accreditation Council: YES	□ NO		
Comments:			
FURTHER ACTION REQUIRED	Yes □ or No □		
Describe:			
	C (10) 11		
Opportunity for Improvement implemented	Comment/Description		
Date:			
Actioned at Quality & Compliance Meeting	Comment/Description		
Date:			
Policies and procedures updated and implemented	Comment/Description		
Date:			
Filed into Complaints / Appeals Register	Comment/Description		
Date:			

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