

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
Student Id:		Group No:	
Email:		Tel/ Mobile:	
SECTION 2 – Course / Unit/ Module Details			
Code/Title:		Date:	/ /
SECTION 3 – Complainant Declaration			
<p>I have read and understood the Westin College 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 Westin College 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.</p>			
Signature:		Date:	/ /
SECTION 4 – Complaint Details			
Please tick the following areas to which your complaint relates:			
<input type="checkbox"/> Training Materials <input type="checkbox"/> Training Facilities <input type="checkbox"/> Training Content/information <input type="checkbox"/> Training Environment <input type="checkbox"/> Training – Other <input type="checkbox"/> Other:	<input type="checkbox"/> Assessment Materials <input type="checkbox"/> Assessment Facilities <input type="checkbox"/> Assessment Environment <input type="checkbox"/> Assessment Location <input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Services provided <input type="checkbox"/> Personal conflict/Behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Victimisation <input type="checkbox"/> Privacy Breach	
Does your complaint involve another person (e.g. Trainer/Assessor/other student)? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide their name:			
Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> 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:

Compliance Manager Use Only

<input type="checkbox"/> Complaint Form Received	Initial	Date:	/	/
<input type="checkbox"/> Complaint Lodgement recorded	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.