



# Complaint Form F028

Please complete this form and return it to the Compliance Manager if you wish to make a formal complaint about any aspects of Ironbark Training's services or the way in which you have been treated as a student, client or staff member. Only complete this form after you have discussed the reason for the complaint with the relevant staff member and have tried to resolve the complaint informally.

If you wish to apply for an assessment appeal, please complete the assessment appeal form – page 5.

Are you (tick box)

A student

A client

A staff member

**Given Name/s:** .....

**Surname:** .....

**Phone:** .....

**Email:** .....

**Address for correspondence:**

.....**Post Code:** .....

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Office use:

Date complaint received:

Recorded in complaints register: Yes/No

Signature:

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**Complaint**

*Please briefly describe the details of the complaint. (Please attach any supporting evidence to this form, if applicable).*

Date and approximate time incident occurred: ..... / ..... /.....

Who was involved?

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.....  
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What happened?

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What action you would like Ironbark Training to take?

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.....

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Office use:

Date complaint received:

Recorded in complaints register: Yes/No

Signature:

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**Compliance Manager to complete:**

The complainant has been contacted organise a meeting, where required (tick)



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The complainant was told that he/she can bring an independent person to the meeting (tick)

Date of contact: ..... / ..... / .....

Date of meeting: ..... / ..... / .....

### **Record of meeting/consideration of complaint**

Issues discussed/considered:

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Complainant notified in writing of the complaint outcome:

Date: ..... / ..... / .....

### **Appeals process – general appeals**

No further action is required

If resolution not confirmed complainant advised of mediations services and appointment for meeting with mediation services arranged (tick)

The appellant is told that the advice of the mediator is the final decision

Meeting with mediation services arranged for: .....



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Signatures, confirming that the information above is an accurate record (only where a meeting has occurred), Otherwise the Compliance Manager and witness to sign:

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**Client/Student/Staff member:** .....

Date: ..... / ..... /.....

**Compliance Manager:** .....

Compliance Manager Name: .....

Date: ..... / ..... /.....

**Witness:** .....

Witness Name: .....

Date: ..... / ..... /.....