



BELLARINE TRAINING AND COMMUNITY HUB COMPLAINTS & APPEALS FORM

Learner Name:

Date:

Tick reason form is to be used for:

Complaint

Appeal

Section 1

Provide full details of complaint or appeal (i.e. date, time, place, people involved, background information, etc.)

Section 2

What outcome(s) are you seeking from this complaint / appeal?

To be signed by learner that the information provided is true and accurate

Signed:

Date:

Section 3

Action(s) to be taken to resolve complaint or appeal:

Who:

When:



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Section 4

Outcome(s) from action(s) taken:

Was the complaint or appeal resolved

Yes

No

If No, detail any follow up actions

Section 5

Detail date and how the learner was advised of the outcome(s) from this complaint / appeal?

When the complaint or appeal has been resolved, or no further action is needed or can be taken, this complaint or appeal must be signed by the learner to indicate that they have been advised of the outcome(s), and by the Training Manager to state that the learner has been informed.

Learner

Signed:

Date:

Training Manager

Signed:

Date:

Please return to Bellarine Training and Community Hub – 1 John Dory Drive Ocean Grove