

Complaint / Complaint Appeal

Purpose of this document: This form is to be completed if a formal Complaint / Complaint Appeal needs to be registered. According to Australian Academy of Advanced Skills (AAAS) P&P, all other avenues have been completed.

Before making a complaint, AAAS suggests the Complainant to discuss with the parties involved, so concerns arrived from the miscommunication/misunderstanding can be informally resolved.

Filling in this form

- **Please use black or blue pen.**
- Print in BLOCK LETTERS.
- Mark boxes like this with a ✓ or ✗ .
- **Section A** to be filled for both complaint and appeal.
- **Section B** to be filled only for Complaint.
- **Section C** to be filled only for Appeal. (appeal only if you are not satisfied with decision from complaint)
- You can also attach additional page/s summarising details of complaint (or) appeal.

Returning your form

Check that all required questions are answered and that the form is signed and dated. You can return this form and any supporting documents:

- **Email** – You can email the completed forms to CEO@aaas.edu.au
- **In person** – You can drop into one of our AAAS offices and submit it to any administration staff.
- **By Post** - return your documents by sending them to:
Chief Executive Officer
Australian Academy of Advanced Skills (AAAS)
Level 2, Suite 19, 54 Benjamin Way, BELCONNEN,
ACT 2617

What happens when I make a Complaint /Appeal to AAAS?

(Refer to complaint and appeal policy and procedure (P&P) in AAAS learner hand book)

- formally write to you (within 7 working days), acknowledging the receipt of complaint /appeal and advise the further course of action
- try to resolve most complaints/appeal within 30 working days; however, in cases where a complaint involves parties outside AAAS or further investigation required, this may take longer
- If the Operation Manager/ Compliance Manager is party to the complaint, they will not take part in any discussions or decisions made and the matter will be dealt by the CEO for complaint and appeal resolution.
- Complainants are encouraged to bring in their own representatives for resolution meetings
- ensure your current course of study/relation is not impacted; until the complaint/appeal is resolved
- In almost all cases, AAAS will notify all parties involved in complaint/appeal, so they will have the opportunity to respond to the allegations
- Regardless of the outcome all parties will be notified with the decision/outcome.

Complaint / Complaint Appeal

SECTION A - Mandatory section to be filled for both complaint and appeal					
Date of Complaint/ Appeal		State	<input type="checkbox"/> ACT	<input type="checkbox"/> NSW	
Complainant (Please tick)	<input type="checkbox"/> Learner	<input type="checkbox"/> Trainer/Assessor	<input type="checkbox"/> Employee	<input type="checkbox"/> Workplace Supervisor	<input type="checkbox"/> Others, Please specify
Complainant Name					
Contact number			Email		
Type of Complaint	<input type="checkbox"/> Complaint			<input type="checkbox"/> Complaint Appeals	
<i>(Appeals will be handled directly by complaint and appeal resolution team)</i>					
Details of the complainee you are making the complaint against	Name of complainee			Designation of the complainee	
Contact number			Email		
Other party's /witness involved					

DETAILS OF COMPLAINT / COMPLAINT APPEAL *(You can also use an extra page to summarise and attach)*

Do you need any additional support/special needs to assist you with the Complaint/appeal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(AAAS will contact you before any meeting, to try and organise the requested support)

Complainant's Signature: _____

Date: _____

AAAS Staff: _____ Date: _____
(Print Name)

Complaint / Complaint Appeal

SECTION B - COMPLAINT SECTION (<i>for appeal please go to section c</i>)	
COMPLAINT OUTCOME (OFFICE USE ONLY)	DATE:

Compliance Manager: _____

- Evidence related to complaint from all parties were gathered and recorded.
- Initial meeting held with all parties involved in this complaint, for agreeable outcome for all parties
- Resolution arrived and accepted by all parties involved; complaint considered to be closed
- Minutes of meeting recorded, signed and attached

Further investigation required; if no resolution agreed (or) arrived by all parties

- Referral to complaints for Complaint Appeals process (reviewed by Complaint Resolution Team)
- Referral to other services (E.g. counseling services, LLN, etc.)
- Referral to government body (E.g. police, hospital, etc.)

The RTO is responsible for acting upon the subject of any complaint found to be substantiated refer to P&P

RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT (OFFICE USE ONLY)

Action/Response Taken By: _____

Date: _____

Complaint / Complaint Appeal



SECTION C - APPEAL SECTION (*for complaint please go to section B*)

COMPLAINT APPEALS OUTCOME (OFFICE USE ONLY)

DATE:

Appeal Resolution Team:

Designation

1 _____ (*print name*) _____

2 _____ (*print name*) _____

3 _____ (*print name*) _____

- Complaint outcome and evidence collected was reviewed.
- Meeting held to discuss with all parties involved in the appeal to find a solution agreeable to all parties.
- Resolution arrived and accepted by all parties involved; complaint consider closed
- Minutes of meeting recorded, signed and attached
- Resolution not arrived

Further investigation required:

- Appellant can seek the services of external conflict resolution body
- Referral to other services (E.g. counseling services or LLN)
- Referral to government body (E.g. police, hospital)

The RTO is responsible for acting upon the subject of any appeal found to be substantiated refer to P&P

RECOMMENDED ACTION REQUIRED FOR IMPROVEMENT (OFFICE USE ONLY)

Action/Response Taken By:

Date:

Complaint / Complaint Appeal



SECTION D

FEEDBACK FROM COMPLAINANT / APPELLANT

- Unsatisfied with outcome – (further action required)
- Satisfied with outcome
- Matter was dealt with within a reasonable timeframe Yes No

Other comment(s):

COMPLAINANT/ APPELLANT Signature:

Date:

RTO Representative Signature: _____ **File Closed Date:** _____

Print Name: _____

ACTION / MONITORING (OFFICE USE ONLY) <i>(Managed by compliance team)</i>	Date	Action taken by
<input type="checkbox"/> Opportunity for Improvement passed		
<input type="checkbox"/> Discussed/Actioned at Quality Assurance Meeting/CIMM dated		
<input type="checkbox"/> Policies and Procedures reviewed/updated and implemented		