

**CRICOS CODE**:03887J **RTO CODE**:45652 Career Solutions Group Pty Ltd The Trustee for Career Solutions Trust

1.	Your Details	C+uda	ont ID Number		
Course	2	Trainer			
Postal	Address				
Email Ad	ldress:	Mc	bile:		
ype of I	ncident: Complaint	Appeal □	Assessment Appeal □		
	Complaint / Appeal				
_	Does your complaint/Appeal relate to	the following (	please tick appropriate box)		
	Assessment / Result of Assessment				
,					
(	Code of Practice		_		
(	The Anti-Discrimination Policy				
( 1	The Anti-Discrimination Policy The Equal Opportunity Policy				
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4.	If Complaint/Appeal relates to assessments, have you taken up your Complaint/Appeal to you							
	Trainer? Yes No							
	Otherwise, have you raised the matter with the Student Administration Department? Yes No							
5.	If your answer to either of the above questions is 'no', please explain why and explain with whom within the College, if anyone, you have raised the matter							
6.	What is your desired outcome which you believe would settle the Complaint/Appeal?							
Stu	dent's Signature: Date:							
hap or Stu the	Complaint/Appeal is a problem you might experience with the College, about something that has opened which you believe is unfair. Generally, the first person to see about this problem is your trainer of Student administration. If the problem cannot be resolved through speaking with your trainer of dent Support Officer, you should discuss it with the Training Manager/ Course Coordinator/ CEO. It complaint/Appeal involves a personal or welfare matter, you can approach the CEO. You may also to your concerns in writing.							
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Form received on:	Received by:	Reference Number
Name:		Student ID:
Signature of Student:		Date: <b>Use only:</b>
7. Details of Investigatio	Investigation	a and Outcome
8. Resolution		
9. Closure of Student's (	Complaint/Appeal and N	Autually Satisfactory Outcome:
This part to be signed by both Mutually satisfactory resoluti		llege staff representative, when a
We.	and	
declare that the resolution de complaint/appeal.	escribed above has work	ed to our mutual satisfaction and we agree to close this
Date of Case Disclosure		
Student Signature	_	Institute Staff Name & Signature
Student notified of outcome in Continuous Improvement Req		ced in student's file:  \[ Yes \] No Date: / / \[ No Date:



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CIR Raised by	/:	 			

Note: Please attach completed CIR form with any supporting evidence and submit to the Training Administrator.

If a student is unhappy with the outcome, they will be advised of their right to appeal or access CIC's independent complaints and appeals body

(Refer to ASQA website: <a href="http://www.asqa.gov.au/complaints/making-a-complaint.html">http://www.asqa.gov.au/complaints/making-a-complaint.html</a>)