

Full name	
Course	
Mobile number	
Address	
Email	
Reason for this application	<input type="checkbox"/> Complaint OR <input type="checkbox"/> Appeal
Complaint / Appeal details	
Reason for this complaint <i>(Please tick and provide further details).</i>	<input type="checkbox"/> Trainer/Staff member (please provide name): <input type="checkbox"/> Services provided <input type="checkbox"/> Course resources, facilities or equipment <input type="checkbox"/> Other (please specify): Have you complained about this issue before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Date:
Reason for this appeal <i>(Please tick and provide further details).</i>	<input type="checkbox"/> Academic Assessment outcome <input type="checkbox"/> Non-Academic decision/outcome <input type="checkbox"/> Disciplinary action taken against you <input type="checkbox"/> Attendance/participation course records <input type="checkbox"/> Course fees or charges applied <input type="checkbox"/> Other (please specify):
Complaint / Appeal Details (Summary) <i>Please outline the reasons for your complaint or appeal and attach supporting evidence if available.</i>	

Acknowledgement			
I have read and understand the SGS Australia Pty Ltd Complaints and Appeals Policy and Procedure. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my complaint/appeal further. I am willing to attend a meeting at SGS Australia if required.			
Full Name			
Signature		Date	
Office use only			
Date received		Date entered into the Complaints Register	
Name of Staff Member allocated			
Complaint/Appeal finalisation exceeds 28 calendar days	<p>Does this Complaint or Appeal require more than 28 days to finalise the process?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain why:</p> <p>Has the client or Learner been made aware in writing of the reasons to the extension?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain why:</p>		
Complaint/ Appeal Action Taken	<p><input type="checkbox"/> Refund</p> <p><input type="checkbox"/> Reassessment</p> <p><input type="checkbox"/> Meeting with a Manager</p> <p><input type="checkbox"/> Requires Third Party involvement, please specify:</p> <p><input type="checkbox"/> Other, please specify:</p> <p>Details of outcome taken:</p>		
The learner/client has been informed of the outcome	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Email/letter evidence attached</p>		
Communication on the Complaint / Appeal	<p>Staff and contractors have been informed of complaint/appeal (where applicable) and informed of continuous improvement or updated processes.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
All details have been entered into the register	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Complaints and Appeals Register Reference Number:</p>		
Closed off by			
Signed		Date	