

COMPLAINTS AND GRIEVANCES FORM

InterCare Training understands that a situation may arise when you wish to lodge a complaint or express a grievance in regard to services provided by InterCare Training. Before you lodge this form, we encourage you to try to settle any complaint or grievance directly with the person(s) concerned.

If you feel that a complaint or grievance has not been attended to fairly, you may request an independent mediator to assist you in resolving the complaint.

Where the RTO considers more than 60 calendar days are required to process and finalise the complaint or appeal, the RTO will:

- Inform the complainant or appellant in writing, including reasons why more than 60 calendar days are required, and
- Regularly updates the complainant or appellant on the progress of the matter.

Note: If once your complaint has been lodged and attended to via InterCare Training directly and you still feel unsatisfied with the outcome, you can choose to make contact with the RTO registering body, ASQA, at www.asqa.gov.au or with the relevant state Training Ombudsman.

The completed Complaints and Grievances Form should be marked "CONFIDENTIAL" and sent in a sealed envelope to the following address:

Complaints Officer

InterCare Training

1 Fairborne Way, Keysborough, VIC 3173

Name

Address

Phone

Email

If you feel that you are unable to take this matter up directly with us, you may choose another person to discuss the grievance on your behalf. Please provide the name and contact details of the person who may be acting on your behalf.

Name

Contact details

Please describe your complaint or grievance. (Attach extra pages if necessary)

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Please complete all details on both sides of this form

What have you done to resolve your grievance? (Attach extra pages if necessary)

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What would you like to see happen?

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Signature: _____ **Date:** _____



Office Use Only

Complaints Officer

Date received: ____ \ ____ \ ____

Has this complaint been recorded in the Complaints Register Yes No

Who is the appropriate Manager to resolve this complaint?

Has the appropriate Manager been notified? Yes No

Signature

Manager

Date received: ____ \ ____ \ ____

Has the complaint been resolved? Yes No

If no, what further action is required?

Has the above action been taken? Yes No

Has the client been notified of the outcome? Yes No

Sign only when fully resolved

Signature

9 INTERNAL REFERENCE NUMBER

N/A