

Complaints Lodgement Form			
Section 1 – Personal Details			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Name	
Address			
Suburb		Post Code	State
Contact Details	Home _____	Business _____	Mobile _____
Email			
Section 2 – Course / Unit/ Module Details			
Code		Title	
Section 3 – Complainant Declaration			
<p>I have read and understood the Baker Ebert Pty Ltd Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Baker Ebert Pty Ltd may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.</p>			
Signature			Date
Section 4 – Complaint Details			
Please tick the following areas to which your complaint relates			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour	
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimisation	
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Other :			
Does your complaint involve another person (e.g. Trainer/Assessor/other student)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide their name			

Does your complaint involve witnesses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim.

Name	
-------------	--

Address	Contact Details	
----------------	------------------------	--

Name	
-------------	--

Address	Contact Details	
----------------	------------------------	--

Please outline the nature/circumstances of your complaint.

What actions have you taken, in an attempt to resolve this matter?

What action/resolution would you like to see occur/implemented.

Admin Use Only

<input type="checkbox"/> Complaint Lodgment recorded (Register)	Initial		Date	
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date	
<input type="checkbox"/> Complaint Form Received (Admin)	Initial		Date	
<input type="checkbox"/> Complaint Forwarded to CEO	Initial		Date	

Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.