

If you are making a formal complaint or appealing an assessment result or other decision, please complete this form and submit to activpathwaysfeedback@genu.org.au with the subject line reading Complaint or Appeal. If you are requesting an internal review of a formal complaint/appeal outcome please submit this for to activpathwaysfeedback@genu.org.au with the subject line reading Internal Review Request.

Please tick the appropriate box to indicate what you would like to do:		
☐	Make a formal complaint	☐ Appeal - Assessment result ☐ Appeal - Other decision
☐	Request an internal review of a formal complaint/appeal outcome	

Complainant / Appellant Details			
Surname:	Click or tap here to enter text.	Given Name:	Click or tap here to enter text.
Title:	Click or tap here to enter text.		
Contact number:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Address:	Click or tap here to enter text.		

Course / Training Program	
Course / Program Title:	Click or tap here to enter text.
Activ Pathways Site:	Click or tap here to enter text.

Details of Complaint or Appeal	
Date of event, circumstance or decision that is the subject of this complaint/appeal: <i>If appealing an assessment result, please state the date you were informed of the result.</i> <i>If requesting an internal review, please state the date you were informed of complaint/appeal outcome.</i>	Click or tap to enter a date.

Please describe below the details of your complaint/appeal.

If requesting an internal review please detail why you do not agree with the resolution of your previous complaint/appeal.

Click or tap here to enter text.

Have you tried to resolve the matter informally? If yes, please provide details. If no, please explain why.

Please disregard this question if you are requesting an internal review of a previous complaint/appeal.

Click or tap here to enter text.

What outcome are you seeking? Do you have a suggested remedy for the complaint/appeal?
Click or tap here to enter text.
Do you have evidence to support your complaint/appeal? Please attach copies of any supporting documentation and list all evidence below. <i>If you are requesting an internal review please only include <u>new</u> evidence to support your complaint/appeal.</i>
Click or tap here to enter text.

Complainant / appellant declaration:			
I acknowledge and agree that: • The information provided in this form is, to the best of my knowledge, true and correct. • Activ Pathways may use the information provided by me for the purpose of investigating the complaint/appeal. • The information provided by me may be used for the continuous improvement of the RTO's operations. • Activ Pathways may retain copies of any supporting documentation provided with this form. • If unsatisfied with the outcome of a formal complaint or appeal, I have the option to request an internal review (by completing a new form and submitting to the General Manager Education & Training). If I am still unsatisfied after an internal review, I may request (in writing) an external review.			
Complainant / appellant signature:			
Date:		Click or tap to enter a date.	
Office Use Only			
Administrator of activpathwaysfeedback@genu.org.au to complete			
Manager investigating/managing complaint/appeal/internal review:		Click or tap here to enter text.	
Date form received:	Click or tap to enter a date.	Date acknowledged in writing: <i>(Must be within 3 business days of receipt)</i>	Click or tap to enter a date.
Initial Complaints, Appeals and Compliments information entered into Register:		☐ Yes ☐ No	Date: Click or tap to enter a date.
Outcome received by Training Manager and entered into Complaints, Appeals and Compliments Register:		☐ Yes ☐ No	Date: Click or tap to enter a date.
Training Manager to complete:			
Outcome and required actions: <i>Include reasons for outcome/decision.</i>			

Click or tap here to enter text.

Complainant/appellant informed of outcome?	☐ Yes ☐ No	☐ Email ☐ Letter ☐ Verbal	Date: Click or tap to enter a date.
If the date that the complainant/appellant was informed of the outcome is more than 14 calendar days after receipt of this form, was the complainant/appellant advised in writing of the delay and reasons? <i>(Evidence must be retained and filed with this form).</i>			☐ Yes ☐ No
Continual Improvement Request submitted:	☐ Yes ☐ No	C.I.R. number: Click or tap here to enter text.	
Manager signature:			
Date:	Click or tap to enter a date.		

Internal Review Only:	
Names of managers on review panel:	Click or tap here to enter text.
Outcome and required actions: <i>Include reasons for outcome/decision.</i>	

Click or tap here to enter text.

Complainant/appellant informed of outcome?	☐ Yes ☐ No	☐ Email ☐ Letter	Date: Click or tap to enter a date.
If the date that the complainant/appellant was informed of the outcome is more than 14 calendar days after receipt of this form, was the complainant/appellant advised in writing of the delay and reasons? <i>(Evidence must be retained and filed with this form).</i>			☐ Yes ☐ No
Continual Improvement Request submitted:	☐ Yes ☐ No	C.I.R. number: Click or tap here to enter text.	
Manager signature:			
Date:	Click or tap to enter a date.		