Complaint Record

COMPLAINANT DETAILS	
Name:	
Contact details:	
Date:	

COMPLAINT DETAILS	
Course / Service:	
Please outline your complaint: *Please include an outline of the issue in detail* *What happened* *When did items occur* *Who was involved*	*Note: Please refer to the Child Safety & Wellbeing Policy and procedures for requirements in the management of all child safety & wellbeing related incidents*
Why do you think this issue has occurred?	
What actions would you like to happen in order to resolve this issue?	

COMPLAINT HANDLING – SHAFSTON REPRESENTATIVE			
Complainant type:	☐ Student ☐ Student Representative ☐ Student (Minor / Child)	☐ Client ☐ RTO Staff Member ☐ Stakeholder	☐ Third Party Partner ☐ Other:
Complaint received by:	☐ By telephone ☐ By email	☐ In person ☐ By letter / mail	☐ By fax ☐ Other:
RTO personnel receiving complaint:			
Complaint raised against:	☐ RTO ☐ RTO Staff Member ☐ Individual Working Under Direction	☐ Student of the RTO ☐ Industry Expert	☐ RTO Third Party Partner
Details:			
Complaint assessment:	*Safety Concern? Need for Immediate Action? Likelihood of Compensation?* ☐ Urgent ☐ General		
Immediate action taken (if any):			
The due date for a response:	ASAP and by:		
Date written acknowledgement sent:			
Complaint handling allocated to:			
Identified primary cause of complaint:	☐ Time / Response Issue ☐ Communication Issue ☐ Training Product / Course Issue ☐ Client Needs Not Defined Issue ☐ Client Service Issue		☐ Poor response to information request ☐ Personnel Issue ☐ Promises Not Delivered Issue ☐ Other:
Recurrent problem?	☐ Yes ☐ No		
Further complaint details:			
Actions taken to resolve complaint:			
Continuous Improvement Record raised:	*Include reference number if applicable*		

COMPLAINT HANDLING – SHAFSTON REPRESENTATIVE			
Actions taken to prevent reoccurrence:	☐ Update to course / training product ☐ Provision of additional information ☐ Amended system / policy / procedure		☐ Personnel training conducted ☐ Personnel support undertaken ☐ Other:
Written confirmation to complainant:	☐ Attached	Date despatched:	Method of despatch:
RTO Manager name & signature:		**Date:**	

Additional Shafston domestic complaint fields

ADDITIONAL COMPLAINT FIELDS	
Complaint ID / received date / received by	_____
Delivery context	☐ School-based ☐ Virtual ☐ Campus ☐ Workplace ☐ Third-party ☐ Other
School / partner / trainer involved	School: _____ Coordinator: _____ Trainer/third party: _____
Student under 18?	☐ Yes ☐ No ☐ Not known
Student support and representation	Support requested: _____ ☐ Parent/guardian ☐ School representative ☐ Other
Parent/guardian contact decision	☐ Contacted ☐ Not appropriate ☐ Not lawful/consented Reason: _____ Date: _____
Child safety / immediate risk	☐ No ☐ Yes; safety lead/referral/time/action: _____
Feedback / complaints classification	☐ Feedback only ☐ Informal resolution ☐ Formal complaint
Risk and conflict assessment	Priority: ____ Conflict declared: ☐ Yes ☐ No Alternative investigator: _____
VET Manager assigned / PEO escalation	VET Manager: _____ ☐ Escalated to PEO Date: _____ Reason: _____
Acknowledgement / response target	Acknowledged (date): _____ Processing started (within 2 business days): _____ Target outcome (20 working days): _____
Investigation evidence and interviews	Evidence reviewed / dates / parties heard: _____
Written outcome / reasons / notification	Decision: _____ Reasons: _____ Letter issued: _____ Recipients (need-to-know): _____
Further action / appeal offered	☐ Internal reconsideration ☐ POL003 appeal ☐ External body information Date: _____
Delay notifications and updates	Reasons / notification dates / progress updates: _____
Corrective action and closure	CI register ID: _____ Owner: _____ Due: _____ Closure date: _____