

COMPLAINT FORM 2021

SECTION 1 – Personal Details

Name:		Student ID:	
Address:		Post Code:	
Email:		Tel/ Mobile:	

SECTION 2 – Course / Unit/ Module Details

Code/Title:	
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- Please explain the nature of your complaint in as much detail as possible

SECTION 3 – Complainant Declaration

I have read and understood the Empyrean Education Institute Complaints Policy and I declare that the other party to the complaint may be contacted to resolve the issue. I agree that Empyrean Education Institute 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.

Signature:		Date:	/ /
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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 (e.g. complaint outcome): | | |

Does your complaint involve another person? (e.g. Trainer/Assessor/Student) YES NO

If yes, please provide the name/s if available:

Does your complaint involve witnesses? YES NO

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

Name:		Name:	
Address:		Address:	
Tel/Mobile:		Tel/Mobile:	

Complaints Form

Please outline the nature/circumstances of your complaint

What actions have you taken to try and resolve this matter:

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

Please attach any evidence to support your complaint. You can also attach extra pages to write in detail about your complaint.

Admin Use Only

<input type="checkbox"/> Complaint & Appeal Form Received (Admin)	Initial	_____	Date:	/	/
<input type="checkbox"/> Complaint & Appeal Lodgement recorded (Register)	Initial	_____	Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	_____	Date:	/	/
<input type="checkbox"/> Complaint/Appeal Forwarded to Director	Initial	_____	Date:	/	/