

Client Complaints Form

This form provides a format you can use for your complaint.
All complaint information will be treated as confidential.

Client Information:

Name:

Address:

Phone:

Email:

Do you permit Recognition First to disclose your identification (and that of the organisation you represent, if relevant) to any party appropriate to investigate this complaint?

Yes No

Does this complaint relate to one or more complaints that you have previously lodged with Recognition First

Yes No

Complaint Category

Please indicate the substance of your complaint. You may select more than one category

- | | |
|--|--|
| <input type="checkbox"/> Marketing undertaken by the organisation | <input type="checkbox"/> Facilities, equipment or premises |
| <input type="checkbox"/> Student information provided by the organisation | <input type="checkbox"/> Record keeping |
| <input type="checkbox"/> Training delivery, resources or materials | <input type="checkbox"/> Issuance of certificates |
| <input type="checkbox"/> Trainers and/or staff or RTO | <input type="checkbox"/> Changes to training programs or schedules |
| <input type="checkbox"/> Assessment methods or processes, including RPL | <input type="checkbox"/> Transfer, withdrawal or deferral of enrolment |
| <input type="checkbox"/> Fees imposed that were not previously disclosed | <input type="checkbox"/> Fraud or criminal activity |
| <input type="checkbox"/> Refunds not granted in accordance with agreed terms | <input type="checkbox"/> Other _____ |

Does this complaint relate to a particular course, qualification or unit? Please see training.gov.au, the national register of vocational education and training courses, qualifications and units of competency.

Yes No

Are you a student (or parent/guardian of a student if student is under 18)?

Yes No

If no:

What is your relationship to Recognition First?

- | | |
|---|--|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Other training provider |
| <input type="checkbox"/> Industry stakeholder | <input type="checkbox"/> State training authority representative |
| <input type="checkbox"/> Other educational institution representative | <input type="checkbox"/> Government licensing authority representative |
| <input type="checkbox"/> Other _____ | |

Additional Information:

Have you taken this complaint to another agency or organisation?

Yes No

Provide a brief outline of your complaint. Wherever possible, you should include relevant dates, people involved and venues.

Please attach any relevant documentation about the complaint.

Resolving the complaint

What outcome do you hope will be achieved by submitting this complaint?

Declaration

- I declare that the information provided by me is, to the best of my knowledge, true and correct. I acknowledge that Recognition First may use the information provided by me to investigate this complaint, and where appropriate, may refer this information to a government agency or other organisations involved in order to resolve this complaint.

I understand that this information may also be used for investigative and law enforcement purposes.

Name: _____

Signature: _____

Date: _____