

**St. Mary's Catholic College (RTO Number: 30362)**

## **COMPLAINTS AND APPEALS FORM**

### **Complaints**

- School RTO Staff Members may receive a complaint in writing or electronically (using the below form) or verbally.
- Complaints can involve the conduct of the RTO's staff members, students, or third-party external providers.
- All complaints to be forwarded to Trade Training Centre Director. If the complaint relates to the Trade Training Centre Director, please forward the complaint to the College Principal.

### **Appeals**

- Appeals must be submitted to the RTO in writing using this Complaints and Appeal form.
- Appeals may be lodged regarding final assessment decision or any other RTO decision.

Please submit completed form to:

Mr Justin Brennan  
Trade Training Centre Director  
St Marys Catholic College, 53 Anderson Rd, Woree. QLD, 4868  
[smw.office@cns.catholic.edu.au](mailto:smw.office@cns.catholic.edu.au)

### Section 1: Details of the Complainant/Appellant

<i>Title</i>	Mr                      Mrs                      Ms                      Miss                      Other (please specify)
<i>Family Name:</i>	
<i>Given Name:</i>	
<i>Phone:</i>	Mobile:    Home:
<i>Email:</i>	
<i>Provide details of your relationship to the RTO (eg student, parent, industry, employer, etc)</i>	

### Section 2: Complaint/Appeal Details

<i>Type:</i>	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal
<input type="checkbox"/> Written	<input type="checkbox"/> Electronic <input type="checkbox"/> Verbal
<i>Details of Complaint/Appeal:</i> (For Appeals please provide qualification and/or unit details)	
<i>What outcome do you seek?</i>	
<i>Have you raised this issue previously?</i>	
<input type="checkbox"/> Yes	<i>When and with whom?</i>
	<i>What was the result?</i>
<input type="checkbox"/> No	<i>Why not?</i>

<input type="checkbox"/> I declare that information and documentation given on this Complaints and Appeals form is in good faith and is true and accurate.	
Name of Complainant/Appellant (please print):	
Signature:	Date:
Name of Witness (please print):	
Signature of witness:	Date:

**For RTO Office Only**

### Section 3: Receipt of Complaint /Appeal

	<h2 style="margin: 0;">Complaint</h2>
---	---------------------------------------

**Complaint Type 1:** Allegations of inappropriate behaviour and/or child protection ☐  
**IMMEDIATELY IMPLEMENT THE COLLEGE'S CHILD PROTECTION POLICY, COMPLETE SECTION 3 OF THIS FORM AND FORWARD TO [dbelton@cns.catholic.edu.au](mailto:dbelton@cns.catholic.edu.au)**

**Complaint Type 2:** All other complaints ☐

**Complaint received:**

☐ Written ☐ Electronically ☐ Verbally

☐ **Appeal**

Appeal Type: Appeal of Final Assessment decision ☐

Appeal Type: Appeal of any other RTO decision ☐

Date Complaint/Appeal received:

Relating to:

☐ School RTO ☐ External RTO Name of RTO: \_\_\_\_\_

Received by: (Name of Staff Member):

Signature:

Date:

Method of forwarding this document:

☐ Electronic version (email, scan)

☐ Hard copy of completed form

Any further correspondence:

Signature:

Date:

#### Section 4: Acknowledgement of Complaint /Appeal

- ☐ Written acknowledgement provided to Complainant/Appellant
- ☐ Complainant informed of their right to have a support person/representative throughout process
- ☐ Written acknowledgement provided to external RTO if relevant

Name of RTO Staff Member responsible for Complaint/Appeal:	Form Number:
Signature:	Date:

### Section 5: Actions and Decisions taken

<p>Actions taken</p>          
<p>Name of support person/representative for complainant, if relevant. Contact details:</p>   
<p>Decisions made:</p> <p>Finalised within 60 days <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, <input type="checkbox"/> Complainant/Appellant notified in writing with reason/s.</p>          
<p>Details of any further action required:</p> <p><input type="checkbox"/> Time extension</p> <p><input type="checkbox"/> Independent Complaints and Appeals Committee</p> <p><input type="checkbox"/> Referral to QCAA website</p> <p><input type="checkbox"/> Referral to _____ Complaints and Appeals Policy</p>          
<p>Names of independent Complaints and Appeals Committee (if relevant):</p>   
<p>Resolution Date:</p>   
<p>Complaint or Appeal entered into secure Register of Complaints and Appeals</p>

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Signature:		Date:	

### Section 6: Actions and Decisions taken

Details of review of complaint/appeals process and any rectifications	
Actioned date:	Rectification date:
School RTO Staff Member (RTO Manager or Principal) Name:	