ALL TRADES AND COMPLIANCE

Complaints and Appeals Form

Student Support

1. Your Details

First name		Surname	
Phone		Date of birth	
Email			
Postal address			
USI (if applicable)			
I am a	☐ Current student ☐ Former student ☐ Prospective student ☐ Employer ☐ Stakeholder ☐ Third-Party Provider ☐ Trainer / Assessor ☐ Other		
Organisation (if applicable)			

2. Course Details

Qualification code and title	
Unit(s) involved	
Trainer / Assessor name	
Third-Party Provider name	
Date(s) the issue occurred	

3. What Are You Lodging?

☐ Complaint – about a service, person or experience	☐ Appeal – about a decision made by ATC

4. What Is It About?

Complaint – tick all that apply

☐ Application or enrolment
☐ Course content or delivery
☐ Trainer / assessor conduct
☐ Third-party provider
☐ Student support services
☐ Fees, refunds or administration
☐ Facilities or resources
☐ Bullying or harassment
☐ Discrimination
☐ Privacy or personal information
☐ Conduct of another student

Other (please describe)	

Appeal – tick the decision you are appealing

☐ Assessment result
☐ RPL outcome
☐ Credit transfer decision
☐ Outcome of a complaint

Other (please describe)			
Date of decision		Decided by	

5. Before You Lodge

Have you already discussed this with a staff member, trainer or third-party provider?		☐ Yes ☐ No	
If yes, who?		When?	

6. Details

What happened? Include dates, times, locations and the people involved.

For appeals: why do you believe the decision should be changed?

What steps have you already taken to resolve this?

What outcome are you seeking?

Supporting documents attached?		☐ Yes ☐ No	
List of documents attached			

7. Declaration

By submitting this form, I confirm that:

- ☐ I have read, or been given access to, the ATC Complaints Handling and Appeals Handling policies.
- ☐ The information I have provided is true and correct to the best of my knowledge.
- ☐ I will act in good faith throughout the complaint or appeal process.
- ☐ I understand my information will be kept confidential and only shared where needed to manage my complaint or appeal, or where required by law.

Full name		Date	
Signature			

Please email the completed form and any supporting documents to support@alltradesco.edu.au.

Office Use Only

Date received		Received by	
Reference no.		Assigned to	
Recorded in register	☐ Complaints and Appeals Register ☐ CI Register (if applicable)		

Timeframes (PP2.9 – Complaints Handling)

Acknowledged in writing (within 24 hours)	
Initial assessment (within 2 working days)	
Investigation commenced (within 7 calendar days)	
Written response (within 14 calendar days)	
Resolved (within 30 calendar days)	
Extension advised (if over 30 days)	

Outcome

Date outcome advised	
Method advised	☐ Email ☐ Letter ☐ Phone ☐ In person
Review rights provided	☐ Independent review and external review information provided

Compliance confirmation

- ☐ This complaint or appeal has been managed in accordance with PP2.9 – Complaints Handling and PP2.10 – Appeals Handling policies and procedures.
- ☐ Procedural fairness was applied and all parties were given the opportunity to respond.
- ☐ All required timeframes were met, or any delay was communicated to the complainant in writing.
- ☐ Records have been stored securely and any improvement actions entered in the CI Register.

Compliance Manager name		Date	
Compliance Manager signature			