

COMPLAINTS FORM



COMPLAINTS FORM

ACDCS takes complaints very seriously and we are committed to addressing issues that improve the quality of our services. You can make a formal complaint using the form below or call us on 1300 223 271. A hard copy form can also be obtained from our offices on campus at Level 2, Innovation Road, North Ryde NSW. Alternatively, you are welcome to lodge a complaint by writing a letter and sending to getstarted@acdcs.edu.au

Student's Name		Student Number	
Qualification (code and title)			
Phone			
Email			
Have you made an attempt to address your concerns previously? Please provide details.			
Details	Please attach additional pages if required.		
Assistance provided to complete this form			
Student's Signature		Date	

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OFFICE USE ONLY					
Received by (print name)		Sign		Date	
Complaint acknowledged in writing within 3 working days	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign		Date	
Assessed by Compliance Officer or delegate	Sign	Lodged within 7 days of the final assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Outcome of complaint and any further information sought					
Actions taken					
Referred to third party (if required)	Name: Date:				
Learner advised of costs for third party	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Reviewed by	Name		Sign		
	Name		Sign		
Review decision	<input type="checkbox"/> Appeal upheld <input type="checkbox"/> Appeal rejected		Date		
Reasons					
Discussed with the student on __ / __ / __ Print Date	Name and Signature of General Manager or delegate				
Student advised in writing	Name and Signature of General Manager or delegate		By <input type="checkbox"/> Letter <input type="checkbox"/> Email	Date __ / __ / ____	

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Continuous improvement required? (ie process/policy/practice)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recorded in Continuous Improvement Register	Signature	Date	

Placed on student's file following Records Management Policy, with a copy of the letter or email to the student and related documentation, including any review report.			
Sign		Date	

Expected to take more than 60 days to finalise the complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Student informed of timeframe by;	Name		Sign
Provide a record of contact including date, time and method	Attach additional pages as required 		
Finalised on __ / __ / __ Print Date	Name and Signature of General Manager or delegate 		
Student advised in writing	Name and Signature of General Manager or delegate 	By <input type="checkbox"/> Letter <input type="checkbox"/> Email	Date __ / __ / ____