

## COMPLAINTS AND APPEALS FORM

### Instructions

Fill in all sections clearly and carefully. Information requested on this form is necessary to investigate your complaint or request for appeal.

### How to submit this form

Take a print of the completed form and submit it -

By Mail: PO Box 698, SAMFORD QLD 4520

By Email: [info@galaxytraining.com.au](mailto:info@galaxytraining.com.au)

If you have questions about this form or you require assistance to complete it, please contact us on: +61 7 3062 7222 or [info@galaxytraining.com.au](mailto:info@galaxytraining.com.au)

### Definitions

#### What is a complaint?

A complaint is generally negative feedback about services or staff which has not been resolved locally. A complaint may be received by Galaxy Training Australia in any form and does not need to be formally documented by the complainant in order to be acted on. Complaints may be made by any person but are generally made by students and/or employers.

#### What is an appeal?

An appeal is an application by a student for reconsideration of an unfavourable decision or finding during their time with Galaxy Training Australia. An appeal must be made in writing and specify the particulars of the decision or finding in dispute. Appeals must be lodged within twenty-eight (28) working days of the decision or finding is informed to the student.

It is important to note that a student may appeal any decision that Galaxy Training Australia may make. Contrary to the popular belief that appeal relates only to assessment decisions, appeals can relate to administrative decisions that Galaxy Training Australia may make.

### COMPLAINANT/APPELLANT DETAILS

Full Name	
Date of Birth	
Unique Student Identifier (USI)	
Postal address	
Email ID	
Contact Number	
Enrolled Course	

COMPLAINT AND APPEAL DETAILS	
What do you want to do?	Make a complaint <input type="checkbox"/> Request an appeal <input type="checkbox"/>
Date of the event, circumstance or decision that is the subject of the complaint or request for appeal:	
Please describe the details of the complaint or appeal (Attach supporting documentation if required)	
Have you taken any steps to resolve this issue? If yes please provide details:	
What outcome would you like to see from raising this complaint/appeal?	

**Attach additional sheet if required**

**Declaration**

I declare that the information contained in this form is true, correct and to the best of my knowledge. I acknowledge that Galaxy Training Australia may use the information by me to investigate the complaint. I understand that this information may also be used for the continuous improvement of the RTO's operations.

**Candidate Name:** \_\_\_\_\_

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY	
Date Complaints and Appeals Form received	/ /
Form checked for completeness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Acknowledged the student via	Phone <input type="checkbox"/> Email <input type="checkbox"/>
Acknowledged the student (within 5 working days of receipt)	/ /
Complaints and Appeals Register updated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of investigation	
Decided that more than 60 days required - reasons	
Complainant/appellant advised of delay and reasons	/ /
Complainant/appellant advised of delay and reasons	/ /
Complainant/appellant advised of delay and reasons	/ /
Outcome reached - details of outcome and any action required	
Reason for outcome	
Required action	
Continuous improvement register updated with future opportunities to be considered raised in the investigation of this complaint/appeal (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>