Tuggerah Lakes Community College Limited

PO Box 5013, Chittaway Bay NSW 2261 T: (02) 43530017 Email: <u>info@tlkcc.com.au</u> Web: <u>www.tlkcc.com.au/</u> ABN: 47 568 269 236





Version: 15th February, 2021

Complaints and Appeals Form

National RTO No: 90381

Instructions:

- 1. Please refer to the College's relevant complaint and appeal handling policies and procedures, available at www.tlkcc.com.au, for further information and guidance.
- 2. Students, clients or staff should use this form when lodging a written complaint or appeal. Completed forms may be submitted in person at College reception or sent to the College by email or post. Depending on the nature of your complaint or appeal, you have the option to send this form (marked confidential) to the CEO, Tuggerah Lakes Community College Limited (via the above listed address).
- 3. Clearly state the nature of your complaint or appeal and if appropriate, indicate the evidence you have to support your claim.
- 4. All complaints and appeals will be treated seriously and you may be required to discuss the matter with a senior member of staff.
- 5. You will be notified of the outcome of your complaint.

Note: individuals seeking to report unacceptable behaviour as a Protected Disclosure under the College's Whistleblower Policy should alternatively put their concerns in writing to one of the College's Protected Disclosure Officers rather than using this form (see Whistleblower Policy at www.tlkcc.com.au).

Disclosure Officers rather than using this form (see Whistleblower Policy at www.tlkcc.com.au).	
Is this a: Complaint or Appeal ? (Please Tick)	
I am a: ☐ Student ☐ Client ☐ Staff Member or ☐(Specify)	
Your Last Name	First Names
Describe your complaint or appeal (Attach additional information if required. If this is an appeal, please outline: (1) your reason for appealing (2) the relevant incident, matter or course/units/codes as applicable and (3) the specific decision (e.g. assessment results or other decision) you are appealing): What action have you taken to try and resolve this complaint / appeal? (attach further information if required)	
Do you have a suggested remedy to the problem? (if appealing an assessment decision, please list and attach any supporting evidence).	
I hereby lodge this form declaring that the informa	ation provided is true and correct.
Applicant's signature	Date/
CEO or delegate signature (on receipt of form)	Date/

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Complaints and Appeals Investigation Report

This page is completed by the staff member allocated to investigate the complaint or appeal...

Instructions to Staff Member receiving/hearing the Complaint or Appeal:

- 1. If you receive a formal complaint/appeal for investigation you must complete this Report.
- 2. Investigations are to be conducted according to the applicable College complaint and appeal handling policies and procedures available at www.tlkcc.com.au.
- 3. Record the date the complaint/appeal was received, by whom and the nature of the complaint/appeal
- 4. Keep a log (on this form or attach thereto) of contact made e.g. phone calls, meetings etc. to hear and resolve the complaint/appeal
- 5. Outline the outcome or any resolution that was agreed upon
- 6. Ensure both you and the complainant/appellant sign and date this Report

7. Provide a copy of this Report to the complainant/appellant for their Records 8. Scan a copy of the file in the College electronic Complaints and Appeals Register and store original in the complainant's/appellant's file. **Complainant/Appellant Details: Last Name First Names** Date of **Complaint or Appeal** Complaint/Appeal **Contact Log:** Type (phone, email **Date** People involved **Details** or meeting whereby individual formally presents their case) Outcome and Resolution: **Outcome** Resolved Refer to CEO Refer to Board **Details of resolution** or notes for referral **Detail any Follow-Up Action:** Action By whom? By when? e.g. Email CEO any suggested change to College's Assessment Policy to avoid similar situation/complaint in future Complainant's/appellant's signature: ______ Investigator's signature: _ CEO's or delegate signature (on receipt of form) Date ___/__/__

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