Complaints Lodgement Form

SECTION 1 – Personal Details			
Name:		**Title**:	☐ Mr ☐ Mrs ☐ Ms ☐ Miss
Address:		**Post Code:**	
Email:		**Tel/ Mobile:**	

SECTION 2 – Course / Unit/ Module Details			
Code/Title:		**Date:**	/ /

SECTION 3 – Complainant Declaration

I confirm that I have read and understood the *Gimbal Training Complaints Policy*. I acknowledge and agree that:

- The other party to this complaint may be contacted to assist in resolving the issue.
- Gimbal Training may conduct independent evaluation checks as part of the complaints process.
- I may be requested to provide further information or attend a meeting to discuss this matter in more detail.

Signature:		**Date:**	/ /

SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

☐ Training Materials	☐ Assessment Materials	☐ Services provided
☐ Training Facilities	☐ Assessment Facilities	☐ Personal conflict/Behaviour
☐ Training Content/information	☐ Assessment Environment	☐ Discrimination
☐ Training Environment	☐ Assessment Location	☐ Victimisation
☐ Training – Other	☐ Assessment - Other	☐ Privacy Breach
☐ Other:		

Does your complaint involve another person (e.g. Trainer/Assessor/other student)? ☐ YES ☐ NO

If yes, please provide their name:

Does your complaint involve witnesses? ☐ YES ☐ NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:		**Name:**	
Address:		**Address:**	
Mobile:		**Mobile:**	

Complaint Details cont.				
Please outline the nature/circumstances of your complaint:				
What actions have you taken, to resolve this matter:				
What action/resolution would you like to see occur/ implemented:				
Admin Use Only				
☐ Complaint Form Received (Admin)	**Initial**		**Date:**	/ /
☐ Complaint Lodgement recorded in Continuous Improvement Register	**Initial**		**Date:**	/ /
☐ Letter of Acknowledgement sent / email	**Initial**		**Date:**	/ /
☐ Complaint forwarded to Compliance Manager	**Initial**		**Date:**	/ /