

# Complaints Lodgement Form

## SECTION 1 – Personal Details

<b>Name:</b>		<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<b>Address:</b>		<b>Post Code:</b>	
<b>Email:</b>		<b>Tel/ Mobile:</b>	

## SECTION 2 – Course / Unit/ Module Details (if applicable)

<b>Code/Title :</b>		<b>Date:</b>	/ /
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## SECTION 3 – Complainant Declaration

I have read and understood the INDIAN OCEAN GROUP TRAINING ASSOCIATION (IOGTA) Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that IOGTA may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

<b>Signature :</b>		<b>Date:</b>	/ /
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## SECTION 4 – Complaint Details

Please tick the following areas to which your complaint relates:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Training Materials           | <input type="checkbox"/> Assessment Materials   | <input type="checkbox"/> Services provided           |
| <input type="checkbox"/> Training Facilities          | <input type="checkbox"/> Assessment Facilities  | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Training Content/information | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Discrimination              |
| <input type="checkbox"/> Training Environment         | <input type="checkbox"/> Assessment Location    | <input type="checkbox"/> Victimisation               |
| <input type="checkbox"/> Training – Other             | <input type="checkbox"/> Assessment - Other     | <input type="checkbox"/> Privacy Breach              |
| <input type="checkbox"/> Other :                      |   |  |

Does your complaint involve another person (e.g. Trainer/Assessor/Third Party Contractor or other IOGTA client)?

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:

<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel/Mobile:</b>		<b>Tel/Mobile:</b>	

**Please outline the nature/circumstances of your complaint:**

**What actions have you taken, in an attempt to resolve this matter:**

**What action/resolution would you like to see occur/implemented:**

**Admin Use Only**

<input type="checkbox"/> Complaint Form Received (Admin)	<b>Initial</b>		<b>Date:</b>	/	/
<input type="checkbox"/> Complaint Lodgement recorded (Register)	<b>Initial</b>		<b>Date:</b>	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	<b>Initial</b>		<b>Date:</b>	/	/
<input type="checkbox"/> Complaint Forwarded to General Manager	<b>Initial</b>		<b>Date:</b>	/	/

**Note: Use "Complaints Progress Form" to record further actions regarding this Complaint.**