



SECTION 1 - PERSONAL DETAILS

NAME		DATE	
ADDRESS		POSTCODE	
EMAIL		MOBILE	

SECTION 2 - COURSE / UNIT / MODULE DETAILS

CODE / TITLE		DATE	
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SECTION 3 - COMPLAINANT DECLARATION

- I have read and understood the Bedford College 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 Bedford College 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.

SIGNATURE		DATE	
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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 (please provide details): | | |

**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

WITNESS 1

WITNESS 2

NAME		
EMAIL ADDRESS		
MOBILE		
ADDRESS (IF AVAILABLE)		



*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*

OFFICE USE ONLY

COMPLAINT FORM RECEIVED (AD)

STAFF INITIAL

DATE

COMPLAINT FORM LODGMENT RECORDED (REGISTER)

STAFF INITIAL

DATE

LETTER OF ACKNOWLEDGEMENT SENT

STAFF INITIAL

DATE

COMPLAINT FORWARDED TO CEO

STAFF INITIAL

DATE

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