

COMPLAINTS LODGEMENT

1. Personal Information			
First Name:		Surname:	
Address:			
Phone:		Date of Birth:	
Email:			
USI Number:			
2. Program Details			
Student Status:	<input type="checkbox"/> Potential student <i>(not currently enrolled)</i> <input type="checkbox"/> Current student <i>(currently enrolled)</i>		
Qualification Code and Title: <i>(If applicable)</i>			

1. Have you already discussed this issue with a staff member?

No Yes, please provide details:

2. Have you read and understood the Complaints Handling Policy Procedure?

No Yes

If no, please access this policy procedure from one of our friendly staff, from your student portal or from ICG Administration.

3. Please indicate the areas for which you wish to lodge a complaint:

Non-Educational Matter	Educational Matter
<input type="checkbox"/> Application and Enrolment Process	<input type="checkbox"/> Course Structure, content, and/or delivery
<input type="checkbox"/> Student Support Services	<input type="checkbox"/> Trainer/Assessor conduct
<input type="checkbox"/> Facilities and Amenities	<input type="checkbox"/> Assessment Matters
<input type="checkbox"/> General Administration	<input type="checkbox"/> Conduct of other students
<input type="checkbox"/> Perceived discrimination, unfairness, and/or injustice	<input type="checkbox"/> Attendance procedures
<input type="checkbox"/> Bullying and/or Harassment	<input type="checkbox"/> Recognition of Prior Learning Application
<input type="checkbox"/> Use or misuse of personal information	<input type="checkbox"/> Supervision during class/work placement
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

4. Please provide details of your complaint. *Include details of dates, times, locations, and those involved.*

5. What steps have you taken to resolve this complaint?

6. What would you like to see happen as a result of addressing your complaint?

7. Please attach evidence or supporting documentation :



Student Declaration

In submitting this complaint, I confirm that:

- I have read the Complaints Handling Policy Procedure.
- The information I have provided is correct to the best of my knowledge.
- I understand that my complaint will be acknowledged and will be forwarded to the CEO/ICG Administration Staff.
- I will act in good faith throughout the complaint handling process.
- The information I provide will be treated with appropriate confidentiality and will not be disclosed to a third party unless required for the management of my complaint or by law.

Student Signature: _____ Date: _____

Please return this completed form along with any supporting documentation to ICG.

OFFICE USE ONLY

Date received:		Received By:	
Receipt Provided:	<input type="checkbox"/>	Complaint Number:	

Record details of the complaint on the *Complaints and Appeals Register*.

CEO/CEO Delegate: _____

Signature: _____ Date: _____