



Australian College of Health & Management
Suite 5, Level 4, 20 Macquarie Street,
Parramatta, NSW, 2150
+61 2 8872 1561
info@achm.edu.au
www.achm.edu.au

COMPLAINT OR APPEAL FORM

This form can be used by a Learner or Complainant to make a complaint about:

- The RTO, its trainers, assessors or other staff
- A learner of the RTO, or
- Appeal against an assessment determination.

Learners and complainants are to ensure they obtain a copy of our complaints and appeal procedure and follow the process outlined in the procedure for satisfactory determination of a complaint or appeal.

Learners and complainants are reminded any complaint or appeal containing threats of violence or clearly identified breach of Australian Laws shall be deemed non-complying and will not be considered under the terms of the complaints and appeals procedure. Further such threats or breach of Australian Law shall be reported to the most appropriate law enforcement agency.

Learners and complainants are reminded the maximum timeframe for the dealing with complaints and appeals is 30 days.

This form relates to: Complaint / Appeal (**circle most appropriate circumstance**).

COMPLAINANT DETAILS

NAME: _____ USI NUMBER: _____

CURRENT ADDRESS: _____

CONTACT NUMBER: (Mobile) _____ Home: _____

EMAIL ADDRESS: _____



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COMPLAINT DETAILS

Time of Incident: _____

Date of Incident: ____/____/____

Location of Incident: _____

Parties Involved: _____

Witnesses: _____

APPEAL DETAILS

Time of Assessment: _____

Date of Assessment: ____/____/____

Location of Assessment: _____

Assessment tools Involved: _____

Assessor Name: _____

Statement of Claim for appeal: _____

OUTCOME BEING SOUGHT

State the outcome you are seeking for your complaint or appeal: _____



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OFFICE USE ONLY

COMPLAINT OR APPEAL ENTERED INTO SYSTEM:	YES/ NO
DATE ENTERED IN SYSTEM:	____/____/____
STAFF ENTERING INTO THE SYSTEM:	_____
STAFF SIGNATURE:	_____
COMPLETED FILE SENT TO CEO FOR REVIEW:	YES/ NO
DATE MATTER COMPLETED:	____/____/____