

Prior to making a complaint or appeal we encourage, wherever possible, for you to resolve your concerns directly with the person(s) involved prior to formalising a complaint. Our team will provide appropriate support to assist in resolving your concerns as required.

**Personal Details:**

Student ID (if applicable):

First Name:

Surname:

Address:

Phone:

Email Address:

**Your Location:**

Please select which state relates to your complaint:

Your relationship to the RTO:

Have you already discussed this complaint/appeal with a Care Academy Staff Member:    Yes   ☐    No   ☐

**Details of Complaint or Appeal:**

(Please attach additional pages if required)

**Expected Resolution Action:**

(Please indicate what outcome you are seeking)

**Complainant Declaration:**

I have read and understood the Care Academy Complaints / Appeals Policy and I acknowledge and understand that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Care Academy 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.

Complainants Signature:

Date:

Please submit this form to [ceo@nationalcareacademy.com.au](mailto:ceo@nationalcareacademy.com.au)

Document Title	Version No	Approval Date	Review Date	Document Author	Approved by
Complaint / Appeals Form	2.0	03/2023	03/2024	General Manager	Chief Executive Officer

# Complaint / Appeals Form



## Office Use Only (to be completed by Care Academy):

Care Academy are required to inform all parties involved of the outcome in writing within Ten (10) business days of receiving the complaint or appeal.

## Complaint / Appeal findings and outcome:

Reviewed Date:

Full Name:

Complainant notified of outcome in writing:

YES ☐

NO ☐

Date:

Was the complainant satisfied with the outcome:

YES ☐

NO ☐

If the complainant was not happy with the outcome what further action is or will be taken?

Reviewer Signature:

Date:

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