



**AUSTRALIAN**  
SCHOOL OF FINISHING TRADES

## NOTICE OF COMPLAINT / CONCERN / APPEAL

Car No: .....

### Section A: Contact Details

Student Name: \_\_\_\_\_

Course: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Section B: Complaint / Concern / Appeal**

Please describe your complaint / concern / appeal fully, including any relevant background and previous actions you have taken to try to get the matter resolved.

Attach extra pages as necessary. Please list numbers of pages attached: .....

You're Complaint / Concern / Appeal [strike out the non applicable]

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What would you like the outcome of this complaint/appeal to be?

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What is the name of your Assessor?

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Have you contacted any ASFT Staff member and discussed your concerns?

If Yes, please provide name of Staff member

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Please provide details of ANY advice given to you about this issue by ASFT Staff members

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**Section C: OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Complaint/concern/appeal Number: \_\_\_\_\_

A copy of this form showing date of receipt must be given to the student

Dispute heard by [ person or panel ]

Name: (please print)

Signed:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section D: Outcome**

**To be completed by the Training Manager**

Complaint/concern/appeal resolved \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

OR

The complaint/concern/appeal was not resolved. The next stage is to organise an appropriate external and independent agent to mediate between the parties. The student will need to attend mediation. The Training Manager will be in contact with details of date, time and location.

Outcome Implemented/notice of finding given to appellant in writing

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student satisfied with outcome

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recorded as completed in Corrective Action Record

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Copy to be provided to Student, once resolved.