Scaffold Tool & Training Company

OFFICE USE ONLY
Complaints Registered No:
STC-COMP:

STUDENT COMPLAINTS, GRIEVANCES & APPEALS FORM

To be completed within 30 days of completion of your training course (response to be made with 21 days of receipt of form)

The following report is to be completed in the case of all matters involving complaints or matters where a trainee or their employer wishes to make the Director aware of any specific issues.

SECTION 1: PERSONAL DETAILS

First Name: …….…….. Title: Mr / Mrs / Miss / Ms (please circle)

Last Name: ……..……..

Address (including post code) ……

……..……..

Email address: ……..……

Contact Phone Number(s): Work…… Mobile: ……..……

SECTION 2: DETAILS OF YOUR REPORT

Type of Incident: ☐ Complaint ☐ Grievance ☐ Appeal **Date of Incident:** ……

A. Please provide the name(s) of the trainer about whom you are complaining.

Name: …… Position: ……..……..……..……..…

Name: …… Position: ……..……..……..……..…

B. Please provide a summary of the matter you are reporting (if you need more space than has been provided please use and attach additional pages).

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C. Please circle which of the following conduct you are complaining of:

- Abuse of power
- Maladministration
- Impropriety
- Other forms of misconduct
- Other (please specify)

……..……..

D. Are you making the complaint on behalf of somebody else? ☐ Yes ☐ No

E. Are there other people who are aware of this matter? ☐ Yes ☐ No

F. If Yes, please provide their name(s) and any other contact or relevant details you may have

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G. I state that all information given is true and correct

Signature …….. Date: ……..……

SUBMITTING THIS FORM

Fax your completed form to Training Coordinator on (03) 9547 8889 or

Mail completed form to: The Scaffold Tool & Training Company
Training Coordinator
62-64 Garnsworthy Street
SPRINGVALE NTH VIC 3173

E-mail to: enquiries@thescafftoolco.com.au

SECTION 3: OFFICE USE ONLY

A. Is this complaint being filed against

An employee of The Scaffold Tool & Training Company ☐ Yes ☐ No

A subcontractor ☐ Yes ☐ No

B. Date Complaint received: ……..……

Action taken:

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C. Name of reviewer: ……

Signature: ……..…… Date: ……..……

D. Evidence or any other relevant documents have been attached to this form: ☐Yes ☐ No