North Ringwood Community House Inc
35-39 Tortice Drive, Ringwood North 3134
PO Box 2489, Ringwood North 3134
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ABN: 78 052 679 939
Registered Training Organisation: 6434

Complaints and Appeals Form

NRCHI is committed to providing a fair and accessible process for managing complaints and appeals.

This form can be used by students, staff, volunteers and patrons to raise a complaint or appeal a decision. All complaints and appeals will be treated confidentially and handled fairly and impartially. You may have a support person assist you throughout the process.

You will not be disadvantaged or treated unfairly for making a complaint or appeal.

Please complete the sections relevant to your matter and return this form to the CEO.

SECTION 1 – YOUR DETAILS

Full name: _____

Contact phone: _____

Email: _____

I am a:

☐ Student
☐ Employee
☐ Volunteer
☐ Patron
☐ Other: _____

Preferred method of contact:

☐ Phone
☐ Email
☐ Other: _____

Do you require any assistance to participate in the complaints or appeals process?

☐ No
☐ Yes – please provide details:

SECTION 2 – TYPE OF COMPLAINT OR APPEAL

Please select the option that best describes your matter:

☐ Complaint about NRCHI services or administration.

☐ Complaint about a staff member, volunteer or contractor.

☐ Complaint about training delivery or assessment.

☐ Complaint about discrimination, bullying or harassment.

☐ Child safety concern.

☐ Complaint about the handling of a previous complaint.

☐ Appeal against an assessment decision, including RPL.

☐ Appeal against a decision following a complaint investigation.

☐ Other: _____

SECTION 3 – DETAILS OF YOUR COMPLAINT OR APPEAL

Please describe what happened, including relevant dates, people involved and any other information that may help NRCHI understand your concerns.

_____

_____

_____

_____

_____

If you are appealing an assessment decision, please provide:

Unit of competency: _____

Date of assessment: _____

Date you received your assessment result: _____

Reason for your appeal: _____

SECTION 4 – PREVIOUS ACTION TAKEN

Have you previously discussed this matter with anyone at NRCHI?

☐ No
☐ Yes

If yes, who did you speak with and what was the outcome?

_____

_____

_____

_____

SECTION 5 – WHAT WOULD YOU LIKE TO HAPPEN?

Please tell us what outcome or resolution you are seeking.

_____

_____

_____

_____

Are you providing any supporting documents or evidence?

☐ No
☐ Yes – please attach copies.

SECTION 6 – SUPPORT PERSON

Would you like a support person to assist you during the process?

☐ No
☐ Yes

Name of support person (if known):

_____

SECTION 7 – DECLARATION

I confirm that the information provided in this form is true and accurate to the best of my knowledge.

I understand that NRCHI will manage my complaint or appeal in accordance with its Complaints and Appeals Policy.

I understand that information may be shared with relevant people where necessary to investigate and resolve the matter fairly, protect the safety and wellbeing of individuals, or meet legal and regulatory obligations.

Signature: _____

Date: _____

OFFICE USE ONLY

Date received: _____

Received by: _____

Type:

☐ Informal complaint
☐ Formal complaint
☐ Assessment appeal
☐ Other appeal
☐ Child safety concern

Person responsible for managing the matter:

Date acknowledgement sent: _____

Investigation/action taken:

OUTCOME:

☐ Resolved
☐ Partially resolved
☐ Not substantiated
☐ Not substantiated – further action required
☐ Referred to external authority
☐ Withdrawn
☐ Other: _____

Date outcome communicated: _____

Was an appeal lodged?

☐ No
☐ Yes

Corrective action required:

_____

_____

Date closed: _____

CEO/Authorised Person: _____

Signature: _____

CONFIDENTIAL – To be stored securely in accordance with the NRCHI Complaints and Appeals Policy and Records Management Policy.