



## Atkinson Child Care College

P.O. Box 374, Charlestown, NSW, 2290

Email: [training@atkinsonchildcarecollege.com.au](mailto:training@atkinsonchildcarecollege.com.au)

(02) 49422-300

## Grievance Form

### Section 1 – to be completed by the person lodging the grievance form

Contact Details															
<b>Name:</b>		<b>Participant No.:</b>													
<b>Phone (Home):</b>		<b>Phone (Mobile):</b>													
<b>Address:</b>															
<b>Email Address</b>															
<b>Course enrolled in:</b>															
Grievance/Appeal Details															
<p>This grievance/appeal is generally about:</p> <table border="0"> <tr> <td><input type="checkbox"/> The quality of training delivery</td> <td><input type="checkbox"/> The quality of assessment</td> </tr> <tr> <td><input type="checkbox"/> The qualifications on the trainer</td> <td><input type="checkbox"/> The conduct of the trainer</td> </tr> <tr> <td><input type="checkbox"/> Fees, charges and refunds</td> <td><input type="checkbox"/> Markets materials, website, student information</td> </tr> <tr> <td><input type="checkbox"/> Student records</td> <td><input type="checkbox"/> Work Placement</td> </tr> <tr> <td><input type="checkbox"/> Bullying or harassment</td> <td><input type="checkbox"/> Student release/transfer to another provider</td> </tr> <tr> <td><input type="checkbox"/> Other, please specify _____</td> <td></td> </tr> </table>				<input type="checkbox"/> The quality of training delivery	<input type="checkbox"/> The quality of assessment	<input type="checkbox"/> The qualifications on the trainer	<input type="checkbox"/> The conduct of the trainer	<input type="checkbox"/> Fees, charges and refunds	<input type="checkbox"/> Markets materials, website, student information	<input type="checkbox"/> Student records	<input type="checkbox"/> Work Placement	<input type="checkbox"/> Bullying or harassment	<input type="checkbox"/> Student release/transfer to another provider	<input type="checkbox"/> Other, please specify _____	
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<input type="checkbox"/> Other, please specify _____															
<p><b>Description of complaint:</b> (for example – details of incident, why training did not meet needs, how the assessment was carried out, how the trainer responded to student needs, etc.)</p>															

<b>How this issue has affected me:</b>
<b>What are my expected outcomes from the grievance/appeal:</b>
<b>Supporting documentation or evidence</b>
<input type="checkbox"/> There is supporting documentation or other evidence (supply or attach documentation or evidence as required) <input type="checkbox"/> There is no supporting documentation

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

**Date:** \_\_\_\_\_

**Section 2 – this section is to be completed by Atkinson Child Care staff only**

Investigation of grievance			
<b>Person Responsible for investigation</b>		<b>Date Received</b>	
<b>Position</b>		<b>Date Investigated</b>	
<b>Action taken to investigate grievance</b>			
<b>Name of Third party mediator</b>			
Outcome of Investigation			
<b>Action taken</b>	<b>Date Actioned</b>	<b>Signature</b>	

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