

EDUCATION ACCESS (AUSTRALIA) PTY LTD

A.B.N. 45 101 976 596

17-35 Abbotsford St, West Melbourne, Victoria 3003 Australia

Postal Address: PO Box 876, North Melbourne, Vic 3051 Australia

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Email: info@eaa.edu.au

Website: www.eaa.edu.au



**EDUCATION
ACCESS
AUSTRALIA**

Complaint Form

Please Note: Before completing this form, please read EAA's Complaint and Appeals Policy

First Name:		Family Name:	
Student ID:		Date of Birth:	
Email:		Contact Phone No:	
Course Name:		Course Code:	
Address:			Post Code:

Type of complaint <i>(Please tick the main type(s) of issue(s) your complaint relates to)</i>			
Enrolment <i>(marketing material, recruitment, enrolment, induction procedures)</i>		Personal <i>(student behavior of others, harassment, unfair treatment, discrimination)</i>	
Support Services		Education <i>(facilities, resources, assessment results, assessment qualities, trainers and assessors)</i>	
Privacy <i>(handling personal information, access to records, USI)</i>		Articulation <i>(recognition of external qualification, application for credit transfers, applications for RPL)</i>	
			Financial
			Appeal <i>(against internal decision)</i>
			External <i>(complaint not relating to education, eg noise, pollution, parking, other student behavior outside class times)</i>
Other: <i>(Please specify)</i> _____			

Please state the nature of your complaint including date, time, place and other people (if any) involved. Providing as much details as possible will assist EAA in investigating your complaint. You must also attach any supporting documents with this form

Details of Compliant *(use additional sheets if required)*

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Persons involved:

Attempts made to resolve the matter informally:

Note:

1. For students - You MUST continue to attend classes until the complaints process is complete
2. This complaints process will commence within 10 working days of the lodgement of this form.
3. **Privacy Note:** The information you provided in your complaint, including your name, will be disclosed to the relevant staff member concerned during the course of investigation your complaint. If you do not include your name, EAA will not be able to respond to your complaint.

Employee/Student Signature:		Date of Lodgment:	____/____/____
EAA Staff receiving this form:		Date form received:	____/____/____

Office Use Only

Expected resolution date _____

(Appeal resolution phase begins within 10 workings days of lodgment of the formal appeal)

Complaint Number: _____

Date of meeting with involved parties: _____

Who attended the meeting (Minimum 2 People should be in the meeting):

1. _____ (Employee/ Student Name)
2. _____ (Employee/ Student Name)
3. _____ (Relevant Staff)
4. _____ (Relevant Staff)

What action has been proposed in relation to the Complaint?

(If required, please complete Corrective Action Record)

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Follow up required? Yes / No. (If **Yes**, what action is proposed)

Signature of Relevant Parties		Date:	____/____/____
Signature of Relevant Parties		Date:	____/____/____
Signature of Relevant Staff		Date:	____/____/____
Signature of Relevant Staff		Date:	____/____/____
Agreed Action Signature of CEO		Date:	____/____/____