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

TEL: + 61 3 9654 3433 Fax: + 613 9654 3455

Email: <u>info@eaa.edu.au</u>
Website: <u>www.eaa.edu.au</u>



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

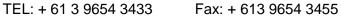
First Name:			Family Name:			
Student ID:			Date of Birth			
Email:			Contact Phone No:			
Course Name:			Course Code:			
Address:				Post Code		
Type of complain	t (Please tick th	e main type(s) of issue	e(s) your complaint relates	to)		
Enrolment (marketing material, recruitment, enrolment, induction procedures)		Personal (student behavior of others, harassment, unfair treatment, discrimination)		Financial		
Support Services		Education (facilities, resources, assessment results, assessment qualities, trainers and assessors)		Appeal (against internal decision)		
Privacy (handling personal information, access to records, USI)		Articulation (recognition of external qualification, application for credit transfers, applications for RPL)		External (complaint not relating to education,eg noise, pollution, parking, other student behavior outside class times)		
Other: (Please spec	cify)					
involved. Providir must also attach	ng as much do any supportir					You

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а	FAA	EDUCATION ACCESS AUSTRALIA

Persons involved:			
Attempts made to resol	ve the matter informally:		
 This complaints process wi Privacy Note: The informather relevant staff member of 	continue to attend classes until t Il commence within 10 working of ation you provided in your con oncerned during the course of able to respond to your compla	days of the lodgement of aplaint, including your nuinvestigation your comp	this form. name, will be disclosed to
Employee/Student Signature:		Date of Lodgment:	
EAA Staff receiving this form:		Date form received:	//
Expected resolution date (Appeal resolution phase begin	Office Use s within 10 workings days of lodge	·)
Complaint Number:	-		
Date of meeting with involved	d parties:	<u></u>	
Who attended the meeting (M	linimum 2 People should be in the	meeting):	
1	(Employee/ Student N	ame)	
2	(Employee/ Student N	ame)	
3	(Relevant Staff)		
4	(Relevant Staff)		
What action has been propos (If required, please complete C	sed in relation to the Complaint' orrective Action Record)	?	

Education Access (Australia) Pty Ltd trading as Education Access Australia CRICOS Provider Code: 02450B RTO Code: 21265

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Follow up required? Yes / No. (If <u>Yes</u> , 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		Date:	/		
Signature of CEO					