

Complaint Record

Complainant Details	
Name:	
Contact Number:	
Email Address	
Date:	
Complaint Details	
Course / Service:	
Please outline your complaint: <i>Please include an outline of the issue in detail</i> What happened When did items occur Who was involved	
Why do you think this issue has occurred?	
What actions would you like to happen to resolve this issue?	

Complaint Application Form

Complaint Handling – STELLA COLLEGE Representative			
Complainant type:	<input type="checkbox"/> Student <input type="checkbox"/> Student Representative <input type="checkbox"/> Stakeholder	<input type="checkbox"/> Client <input type="checkbox"/> Staff Member <input type="checkbox"/> Trainer	<input type="checkbox"/> Other:
Complaint received by:	<input type="checkbox"/> By telephone <input type="checkbox"/> By email	<input type="checkbox"/> In person <input type="checkbox"/> By letter / mail	<input type="checkbox"/> Other:
STELLA COLLEGE personnel receiving complaint:			
Complaint raised against:	<input type="checkbox"/> Stella College <input type="checkbox"/> Staff Member <input type="checkbox"/> Trainer	<input type="checkbox"/> Student at the Stella College <input type="checkbox"/> Industry Expert	<input type="checkbox"/> Stakeholder
Details:			
Complaint assessment:	<i>Safety Concern? Need for Immediate Action? Likelihood of Compensation?</i> <input type="checkbox"/> Urgent <input type="checkbox"/> General		
Immediate action taken (if any):			
The due date for a response:	ASAP and by:		
Date written acknowledgement sent:			
Complaint handling allocated to:			
Identified primary cause of complaint:	<input type="checkbox"/> Time / Response Issue <input type="checkbox"/> Communication Issue <input type="checkbox"/> Training Product / Course Issue <input type="checkbox"/> Client Needs Not Defined Issue <input type="checkbox"/> Client Service Issue	<input type="checkbox"/> Poor response to information request <input type="checkbox"/> Personnel Issue <input type="checkbox"/> Promises Not Delivered Issue <input type="checkbox"/> Other:	

Complaint Application Form

Complaint Handling – STELLA COLLEGE Representative			
Recurrent problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Further complaint details:			
Actions taken to resolve complaint:			
Continuous Improvement Record raised:			
Actions taken to prevent reoccurrence:	<input type="checkbox"/> Update to course / training product <input type="checkbox"/> Provision of additional information <input type="checkbox"/> Amended system / policy / procedure <input type="checkbox"/> Personnel training conducted <input type="checkbox"/> Personnel support undertaken <input type="checkbox"/> Other:		
Written confirmation to complainant:	<input type="checkbox"/> Attached Date:		
STELLA COLLEGE Representative name & signature:		Date:	