

## Complaint Record

Complainant Details	
<b>Name:</b>	
<b>Contact Number:</b>	
<b>Email Address</b>	
<b>Date:</b>	

  

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

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

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:	