**Complaint Number**

Complaint Lodgement Form

*Complainant to complete when lodging a formal complaint*

**Date of lodgement of the complaint:** ……………………………………………………………………………

Name: ………………………………………………………………………………………………………………………………………….

Course: …………………………………………………………………………………………………………………………………………

Course Start Date: …………………………… Course End Date: ……………………………………………..

Ph/Mobile: ……………………………………………………………………………

# Details of Complaint

*(Please enter as much detail as you can to assist Insources Institute in addressing your concerns. You may attach additional sheets if required)*

Date incident occurred:

Location incident occurred:

Persons involved (other than yourself):

# Outline what occurred:

Were there any injuries, or damage to property? (Circle) Yes No

(If ‘Yes’) please describe the injuries or damage?

Were there any witnesses? (Circle) Yes No

(If ‘Yes’) Names:

Other relevant information

What, if any, response or action are you seeking or expecting?

***I declare that I have provided all details in an accurate manner, to the best of my knowledge.***

Complainant: ………………………………………………………………...

(Signature)

Date: …………………….……………

***Office Use Only***

 **This complaint was acknowledged within 48 hours of receipt.**

(Circle) YES NO Initial of Authorised Officer: ………………………………………………

**The complainant has been notified if it is expected that the complaint will require more than 30 calendar days to resolve.**

(Circle) YES NO N/A Initial of Authorised Officer: ………………………………………

**This complaint has been entered into Complaints and Appeals Register and will be monitored to closure.**

(Circle) YES NO Initial of Authorised Officer: ………………………………………………