

COMPLAINT FORM

To make it as easy as possible for the Queensland Training Ombudsman to assist with your complaint, please fill in all sections of this **Complaint form**. For assistance with this form, call **1800 773 048** during business hours.

01 YOUR DETAILS

Title:	Surname:	
First name:	Middle name:	
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Postal address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	
Email:	Preferred contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Letter	

02 GENERAL COMPLAINT DETAILS

Does your complaint relate to: <input type="checkbox"/> Registered training organisation <input type="checkbox"/> Apprenticeship or traineeship <input type="checkbox"/> Other Matter
Course/Qualification Name:
Are you making this complaint on behalf of someone else?: <input type="checkbox"/> Yes (GO TO 3) <input type="checkbox"/> No (GO TO 4)

03 INFORMATION ABOUT THE PERSON YOU ARE COMPLAINING ON BEHALF OF

Title:	Surname:	
First name:	Middle name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Postal address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	
Email:		
Have you been asked to make the complaint on this person's behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the person aged 18 years and over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not aged over 18 years, are you the legal guardian of this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this person an Aboriginal or Torres Strait Islander? (OPTIONAL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
This persons preferred language:	Country of birth:	
Does this person require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this person have a disability or special need? (OPTIONAL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about the Queensland Training Ombudsman?		

(PLEASE GO TO 5)

04 OTHER INFORMATION

Are you an Aboriginal or Torres Strait Islander? (optional) Yes No

Your preferred language: Country of birth:

Do you require an interpreter? Yes No

Do you have a disability or special need? (optional) Yes No

How did you hear about the Queensland Training Ombudsman?

05 WHO IS THE COMPLAINT ABOUT?

Organisation name (E.G. RTO, EMPLOYER):

Organisation street address:

Suburb: State: Postcode:

Postal address (IF DIFFERENT TO ABOVE):

Suburb: State: Postcode:

Organisational contact name (IF AVAILABLE):

Position: Gender: Male Female

Phone: Mobile:

Email:

06 SPECIFIC DETAILS ABOUT YOUR COMPLAINT

Please summarise your complaint below. Make sure to include the following: *What* happened? *Who* was involved? *When* and *where* it happened? Any other information relating to the complaint. Attach a separate page if needed and any supporting information that will assist us in addressing your issue.

07 PRIOR COMPLAINT RESOLUTION

Have you sought to resolve this complaint with another agency or person? Yes No

If yes, please provide the following details:

Name of agency:

Contact name: Contact phone:

Contact email:

Date complaint lodged: Case Reference No:

Outcome:

08 OUTCOME EXPECTATION

What would you like to happen to resolve your complaint?

09 PRIVACY INFORMATION

The information on this form is being collected for the purpose of managing and investigating your complaint. All personal information you provide will be handled in accordance with the Further Education and Training Act 2014. The Office of the Queensland Training Ombudsman will use relevant personal information for the purpose of assessing and/or investigating your complaint and responding to you. It may be necessary to disclose relevant personal information to the other person relevant to the investigation, including the person or entity you have complained about, so that they can provide a response to the Office of the Queensland Training Ombudsman. It may also be necessary to disclose relevant personal information to another Queensland Government agency or Australian Government agency so that agency can investigate and respond to your complaint. If there is any information you do not wish an external party to receive, please let us know. If you are concerned about the privacy of the personal information supplied on this form please call 1800 773 048 during business hours.

10 CONSENT TO INVESTIGATE YOUR COMPLAINT

Please complete the option that applies to you (Option A, Option B or Option C):

OPTION A The complaint relates to you and you are making the complaint on your own behalf

I _____ (your name) give my consent for the Office of the Queensland Training Ombudsman to investigate my complaint concerning _____.

I further give my consent for the Office of the Queensland Training Ombudsman to:

- obtain and/or exchange documents and information containing my personal information, to any third party (including the person or entity I have complained about), that in the opinion of the Office of the Queensland Training Ombudsman, is necessary for the purposes of investigation of my complaint
- disclose and transfer my complaint and relevant personal information to another Queensland Government agency or Australian Government agency to investigate and respond to me, if in the opinion of Office of the Queensland Training Ombudsman another agency is more appropriate to investigate and respond to my complaint.

This consent remains valid until I give instructions, written or otherwise, that it is terminated.

Signed:

Date:

(YOUR SIGNATURE)

OPTION B The complaint relates to a minor and you are lodging the complaint on their behalf

I _____ (NAME OF PERSON LODGING THE COMPLAINT), am a parent or legal guardian of _____ (NAME OF CHILD), and I am lodging this complaint on his/her behalf.

I give my consent for the Office of the Queensland Training Ombudsman to investigate the complaint concerning _____

I further give my consent for the Office of the Queensland Training Ombudsman to:

- obtain and/or exchange documents and information containing my child's personal information, to any third party (including the person or entity I have complained about), that in the opinion of the Office of the Queensland Training Ombudsman, is necessary for the purposes of investigation of my complaint
- disclose and transfer my complaint and relevant personal information of my child to another Queensland Government agency or Australian Government agency to investigate and respond to me, if in the opinion of Office of the Queensland Training Ombudsman another agency is more appropriate to investigate and respond to my complaint.

This consent remains valid until I give instructions, written or otherwise, that it is terminated.

Signed: Date:
[YOUR SIGNATURE]

OPTION C **The complaint relates to another adult person (the complainant) and you are lodging the complaint on their behalf.** (PLEASE NOTE THIS OPTION REQUIRES SIGNATURES FROM BOTH YOU AND THE COMPLAINANT.)

I _____ (YOUR NAME) acknowledge that I am lodging this complaint on behalf of _____ (NAME OF COMPLAINANT) and agree for the Office of the Queensland Training Ombudsman to communicate directly with me in relation to the complaint.

Signed: Date:
[YOUR SIGNATURE]

The below Authority and Consent must be completed and signed by the complainant:

AUTHORITY TO ACT:

I _____ (NAME OF COMPLAINANT) authorise _____ (NAME OF PERSON LODGING THE COMPLAINT) to lodge this complaint concerning _____

on my behalf and give my consent for the Office of the Queensland Training Ombudsman to investigate my complaint. I further authorise the Office of the Queensland Training Ombudsman to communicate directly with _____ (NAME OF PERSON LODGING THE COMPLAINT) in relation to my complaint.

CONSENT TO INVESTIGATE YOUR COMPLAINT:

I further give my consent for the Office of the Queensland Training Ombudsman to:

- obtain and/or exchange documents and information containing my personal information, to any third party (including the person or entity I have complained about), that in the opinion of the Office of the Queensland Training Ombudsman, is necessary for the purposes of investigation of my complaint
- disclose and transfer my complaint and relevant personal information to another Queensland Government agency or Australian Government agency to investigate and respond to me, if in the opinion of Office of the Queensland Training Ombudsman another agency is more appropriate to investigate and respond to my complaint.

This consent remains valid until I give instructions, written or otherwise, that it is terminated.

Signed: Date:
[YOUR SIGNATURE]

11 BEFORE YOU SUBMIT YOUR COMPLAINT

Before you send this form please check that you have:

- included as much relevant information as possible
- attached any supporting documentation
- provided relevant details of the organisation/person you are making a complaint about
- clearly identified your concerns
- given the consent for us to investigate your complaint.

12 TO SUBMIT YOUR COMPLAINT

Send your complaint to the Queensland Training Ombudsman at:

- PO Box 15090, City East QLD 4002
- info@trainingombudsman.qld.gov.au

We will contact you within seven days of receiving your complaint form. Where possible, we will try to resolve your complaint as quickly as possible. Depending on the complexity or seriousness of the matter, it may take longer. We will maintain regular contact with you regarding the progress of your complaint. If at any time you would like to withdraw your complaint, you may do so in writing using the above contacts.



Queensland
Government

CONTACT US

PO Box 15090, City East Qld 4002

PHONE 1800 773 048

EMAIL info@trainingombudsman.qld.gov.au

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