Purpose

National Skills Institute understands that at times individuals may wish to submit a complaint, appeal and/or provide feedback regarding our products and services. This feedback is accepted and appreciates as it allows us to improve and grow as an organisation.

The information provided on this form will be used by our organisation to follow up your complaint. The information may be provided to staff who are in a position to remedy your complaint; or to the police for law enforcement purposes if applicable. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.

Please ensure you have read and understood the *SC. Complaints and Appeals Policy and Procedure*, available on our website, prior to completing this form to fully understand the process.

Submission Details

Submission Type: ❑ Feedback ❑ Complaint ❑ Appeal

Full Name: _____ **Date of Birth:** _____ /_____ /_____

Stakeholder Type: ❑ Student ❑ Employer ❑ Other: _____ **Student ID (if known):** _____

Preferred Contact Method: ❑ **Mobile:** _____ ❑ **Email:** _____

Details: _____

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Outcome you are seeking: _____

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❑ I declare that the information provided in this submission is true and correct.

Signature: _____ **Date:** _____

Submit to NSI General Manager: **Email:** info@nsiskills.com.au **Mail:** National Skills Institute, PO Box 2073, Forest Hill 3130

OFFICE USE ONLY:	CAF Number:	

Submission Details

Please ensure you follow the steps outlined in the *SC. Complaints and Appeals Policy and Procedure*, ensuring dates and correspondence is recorded and retained.

Submission Received By: ❑ Phone ❑ Email ❑ In Person ❑ Other: _____

Details of Actions Taken: _____

Outcome

Finalised At:

❑ **Step 2:** Formal – Investigation and Review ❑ **Step 3:** Formal – Investigation and Review ❑ **Step 4:** External Investigation and Review

Outcome: _____

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Rationale Behind Decision: _____

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❑ I declare that the information provided in details recorded are true and correct.

❑ Where submission was received via phone: I declare I have recorded an accurate description of the complaint/appeal/feedback.

RTO Delegate:

Full Name: _____ **Role:** _____

Signature: _____ **Date:** _____