

Complaints and grievances procedure and form

ARC Group Training understands that situations may arise when you wish to lodge a complaint or express a grievance in regard to the services provided by ARC Group Training. Before you lodge this form, we encourage you to try to settle any complaint or grievance directly with the person(s) concerned.

However, if talking directly to the person concerned does not assist you or if you feel you are unable to do so, then you are welcome to complete this form and submit it to our Grievance Officer.

Once we have received this form:

- We will gather as much information as possible regarding your grievance from all parties concerned.
- We may need to contact you to discuss your grievance further or to offer a solution. If you do not wish to be contacted directly you may nominate a third party who is able to communicate with us on your behalf.
- We will take all reasonable steps to resolve the matter.

Completed Grievance Forms are to be sent to the following address, in a sealed envelope marked "CONFIDENTIAL" to:

Cameron Ryan
CEO
PO Box W276
Parramatta NSW 2150

Or contact Cameron on (02) 8833 3999 to make alternative arrangements.

Name _____

Address _____

Phone _____

Email _____

If you feel you are unable to take this matter up directly with us, you may choose another person to discuss the grievance on your behalf. Please provide the name and contact details of the person who may be acting on your behalf.

Name _____

Contact details _____



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Please describe your complaint/grievance (Attach extra pages if necessary)

What have you done to resolve your grievance? (Attach extra pages if necessary)

What would you like to see happen?

Initial assistance given by: _____ Date received _____
Staff Member's Name _____ Position: _____
Date action finished: _____ Signature: _____
Person informed of action by (Staff member's name): _____
Date person contacted: _____
Details of action taken: _____

Further action taken: _____ Date received _____
Staff Member's Name _____ Position: _____
Date action finished: _____ Signature: _____
Person informed of action by (Staff member's name): _____
Date person contacted: _____
Details of action taken: _____