

GRIEVANCES, COMPLAINTS AND APPEALS

Cobram Community House treats all grievances, complaints and appeals seriously. Please complete this form and forward it to **the Manager** of CCH for prompt attention.

Name:			
I am a	<input type="checkbox"/> Student	<input type="checkbox"/> General public	<input type="checkbox"/> Centrelink client
	<input type="checkbox"/> Room hirer	<input type="checkbox"/> Trainer	<input type="checkbox"/> Volunteer at CCH
	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Committee of Management	<input type="checkbox"/> Auspice group (or member of)
	<input type="checkbox"/> Parent of student	<input type="checkbox"/> Other (please provide details:	
Phone number:		Address:	
Email:			
Please fill out the appropriate section If space below is insufficient; please continue on a separate page and attach along with any appropriate documentation or evidence if needed.			
Section A – Students	Course / program: Nature of grievance: <input type="checkbox"/> Appeal Assessment Decision (Please attach all evidence of assessment and feedback with this form.) <input type="checkbox"/> This appeal is within 20 days of the original assessment outcome, <input type="checkbox"/> I have discussed this assessment with my trainer prior to lodging this form. <input type="checkbox"/> Issue with fellow student. <input type="checkbox"/> Issue with Trainer <input type="checkbox"/> Other. Please provide details here.		
Section B – All other groups / individuals	Please provide details:		
Signed		Date	

Please now forward this form to the Manager of Cobram Community House.
PO Box 498, 43-45 Punt Road, Cobram, Vic. 3641

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For use by Manager Officer	
Recommended course of Action:	
Name of Staff member responsible:	
Date followed up:	
Details of follow up / resolution:	
Issue resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signed:	Date

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