

GRIEVANCES, COMPLAINTS AND APPEALS

Cobram Community House treats all grievances, complaints and appeals seriously. Please complete this form and forward it to **the Executive Officer 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
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Please now forward this form to the Executive Officer of Cobram Community House.
PO Box 498, 43-45 Punt Road, Cobram, Vic. 3641

For use by Executive 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