

Complaints & Appeals form

Information for applicant:

- Complaints should only be lodged in writing if you have been unable to resolve your issue or concern informally
- Appeals should only be lodged to review a decision that has previously been made and must be made within ten (10) working days of the original decision having been made
- You will receive acknowledgement of your lodged complaint/appeal within two (2) working days upon Fire Industry Training (FiT) having received your complaint/appeal
- FiT will endeavour to resolve complaints and appeals within a reasonable timeframe - usually twenty (20) working days upon receipt of the written complaint/appeal or as soon as practicable. However, in some cases, particularly if the matter is complex, the resolution may take longer
- Applicants may be asked to provide additional information to support their complaint/appeal
- Please complete ALL fields on this form
- Please submit the completed form to the Training Manager.

Applicant details

| | | | | | | |
|-------------------------------|--|--------------|--|-------|--|--|
| Title | | First Name | | | | |
| Last Name | | | | | | |
| Email | | | | | | |
| Phone (home) | | Mobile phone | | | | |
| Home address No. & Street | | | | | | |
| Suburb | | Postcode | | State | | |
| Postal address (If different) | | | | | | |
| Suburb | | Postcode | | State | | |

Complaint/Appeal Details

| Type | Complaint | Appeal | Assessment Appeal |
|--|-----------|-------------|-------------------|
| Does your complaint involve behaviour by a FiT staff member? | No | Yes – whom: | |
| Have you reported your complaint to any other agency? | No | Yes – whom: | |

Complaint / Appeal Summary. Please outline what has occurred. If necessary, attach an extra page to outline the details and any supporting documentation should also be provided (copies required only).



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To be completed by FiT

| Outcome of Complaint / Appeal |
|-------------------------------|
| |

Declaration

Applicant Declaration:

By signing this declaration, Iverify that - the above information is true and accurate, & I have not provided any false or misleading information.

Signature: Date:

This section must be completed by Parent/Guardian if applicant is under 18 years of age:

Name:

Signature: Date:

| OFFICE USE ONLY | | | | | | |
|---|-----|----|---|---------|-----|-------------|
| Date Complaints & Appeals form received? | | | Person responsible for actioning Complaint/Appeal? | | | |
| Entered on Complaints & Appeals Register ? | Yes | No | Priority Assigned? | Monitor | Low | Medium High |
| Date Entered | | | Entered by? | | | |