Complaints and Appeals Form



Dynamic Learning Services RTO ID: 40467

This form should be used to submit a complaint or appeal. Appeals must be lodged within 20 days of the initial event/decision.

The information provided on this form will be used exclusively to resolve your complaint/appeal. None of the information you provide on this form will be disclosed to anyone outside of the business without your permission, unless we are required to do so by law.

Please submit the completed form to Dynamic Learning Services by email to admin@dynamiclearningservices.com.au.

Student Name:		Student ID							
Contact Number:		Email Address:							
Current Course:		L							
Please select the reason you are completing this form Complaint □ or Appeal □									
Reason for this complaint (Pleafurther details below).		Reason for this appeal (Please tick and provide further details							
☐ Trainer/Staff member (please provide name):		below). □ Academic Assessment outcome (please list							
☐ Services provided (please s	pecify):	relevant unit/s):							
☐ Facilities or Equipment (please specify):		☐ Non-Academic decision/outcome (please							
☐ Course Resources		specify):							
☐ Other (please specify):		☐ Disciplinary action taken against you (please							
Have you complained about this issue		specify):							
before?		☐ Course fees or charges applied (please specify):							
☐ Yes ☐ No		эрсопу).							
IF Yes, provide Date:		☐ Other (please specify):							
Complaint/Appeal Details (Summary)									
Please outline the reasons for your complaint or appeal and attach supporting evidence.									

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Date Approved: 22/02/2020

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Student Acknowledgement							
I have read and understand the Dynamic Learning Services Complaints and Appeals Policy and Procedure. I understand that I may be requested to provide further information or attend a meeting upon request to discuss my complaint/appeal further. I am willing to attend a meeting at Dynamic Learning Services if required.							
Name:			Signature:			Date:	
DLS OFFIC	CE USE ON	LY					
Receiving S Member Na					Date:		
Complaint	recorded in	register			Date Entere	d:	
Acknowled	gement sen	t to student			Date sent:		
					Method:		
Complaint/	Appeal forwa	arded to GGI	M and CM		Date sent:		
GGM or CN	M Actions:				Date:		
		al has been e completeness	entered in the	e 🗆			
	findings/dec ecommenda		(or	Appea	al Recommer	ndation/s:
Complaint of Supported	Outcome:		Not Supp		or considerati	on/decision [
Date Sent:							
Name:			Signature:			Date:	

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CEO/GGM/CM Findings/	Decision					
Findings:						
Complaint/Appeal Outcome:						
Appeal Upheld: Appeal Overturned:						
Name:	Position:	Signature:		Date:		
Complaints/Appeals regis	ster updated with outcom	ne:	Date Updated:			
Notice of outcome sent to student (Must be within 10 working days of outcome decision)			Date Sent:			
Outcome recorded in DLS continuous improvement register (if applicable)		Date entered:				
Outcome records saved in student record:			Date Entered:			

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