



Section 1 – Complainant Details	
Name of Complainant:	
Complainant Contact Phone Number:	
Complainant Email Address:	
Current Course Enrolled:	<input type="checkbox"/> Graduate Certificate in Developmental Trauma <input type="checkbox"/> Certificate IV in Youth Justice
Course Cohort:	

Section 2 – Complaint Details	
Date Incident Occurred/Started:	
Location Incident Occurred:	
List Persons Involved: <i>(other than yourself)</i>	
Were there any physical injuries or damages to property?	<input type="checkbox"/> NO <input type="checkbox"/> YES - <i>If Yes, describe below:</i>
Were there any witnesses of physical injury to persons or damages to property?	<input type="checkbox"/> NO <input type="checkbox"/> YES - <i>If Yes, describe below:</i>

Section 3 - Details of Complaint

*Please enter as much detail as you can below to assist ACF in addressing your concerns.
You may attach additional evidence with this form if required.*

--	--

What, if any, response or action are you seeking or expecting?	
List and describe any other pieces of evidence attached to this Form:	
Any other relevant information you wish to disclose:	

Section 4 – COMPLAINANT'S ACKNOWLEDGEMENT

Please confirm all details above are accurate and read the following statement before signing.

I confirm that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that this form will be used to address my concerns in accordance with the institution's complaints procedure. I acknowledge that providing false or misleading information may lead to disciplinary action, which could include withdrawal from my course. I understand that information will be treated confidentially and that I am encouraged to firstly refer to the RTO's Feedback, Complaints and Appeals Policy on ACF's website if I have any questions or concerns around the appeals process. If I require assistance in completing this form, I am encouraged to seek support from a trusted source, such as my trainer, Student Support Services, or ACF's RTO and Quality Management team.

Student Signature:

Date:

ACF STAFF ACKNOWLEDGEMENT – AS REQUIRED

If assisting a student to complete this form, please read the following statement, sign, ensure the student has signed and receives a copy of the completed form, before emailing to Quality.

I confirm that I have provided assistance to the student in completing this complaint form, ensuring the information was recorded accurately based on the student's account.

ACF Staff Name:

Staff Role:

Email:

Work Phone:

Staff Signature:

Date:

Please email this form to Quality@childhood.org.au. Alternatively, if you wish to remain anonymous, post to The Australian Childhood Foundation's Headquarters (675 Victoria St, Abbotsford VIC 3067), attention to Quality Team.