



# Complaint, grievance and appeal form

At HRD Integrated Services, we are committed to delivering high quality training and support services. We value feedback as a driver of continuous improvement and provide fair, transparent, and accessible processes for managing complaints, grievances, and appeals.

If you have a concern, we encourage informal resolution through open discussion with the relevant party. Should informal resolution not be appropriate or unsuccessful, you may formally lodge a complaint, grievance, or appeal using the designated form.

All formal submissions must be made within 30 days of the relevant event or decision, HRD will acknowledge your submission within 5 business days and aim to provide a written outcome within 20 business days. Where necessary, escalation to an independent party will be offered.

These processes are aligned with the Standards for RTOs (2025) and support our commitment to procedural fairness, continuous improvement, and student support.

[illegible]

|                 |                                                                                                                                                                                                                           |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Desired outcome | What action would you like us to take to resolve the complaint or grievance?<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....<br><br>(If space is insufficient, attach a separate sheet.) |
| Date            |                                                                                                                                                                                                                           |
| Your signature  |                                                                                                                                                                                                                           |

|                                                                       |                                            |                                                                     |
|-----------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|
| Office use only                                                       |                                            |                                                                     |
| C/A No:                                                               | Date received                              | Received by                                                         |
| Completed form is filed in job folder/trainee evidence folder/HR file |                                            |                                                                     |
| Decision/recommendations<br>Attach copies of relevant correspondence  | Complainant/appellant notified of outcome? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>Date |
|                                                                       |                                            |                                                                     |
| HRD review officer signature                                          | Date                                       |                                                                     |