

The complaints and appeals procedure of Lumify Learn ensures that all complaints are dealt with in a constructive and timely manner at no cost to the complainant/appellant.

Before lodging a formal complaint or appeal, you are requested to carefully read our **Complaints & Appeals Policy**.

This form is to be directed to the Compliance Manager.

Complainant Section							
Personal Details:							
First Name		Surname					
Student ID		Date of Birth					
Course							
Start Date							
Mailing Address:							
Street Address							
Suburb			State				
Country			Postcode				
Email address:							
Phone		Mobile					
Details of the Compl	aint/Appeal	·					
Have you done anyt	hing to try and resolve this?						
ave you done drive	to try and resolve this.						



Is there any ev	/idence	that mig	tht suppo	ort this com	plaint or a	ppeal (Whe	ere applicab	le)	
What outcome	e are vo	ou seekin	ig? Do vo	ou have a su	uggested re	esolution fo	or the proble	em?	
Titlat GateGill	c are ye	ou seekiii	.g. 20 ye	, a nave a se	*88c3cca 1		ine probit		
Do you have a	suppoi	rt person	who yo	u would like	e to assist	you? Please	provide the	eir details	s here.
Name									
Relationship to									
(brother, frien	ıd classı	mate							
etc)  Do you give th	ic narce	on normi	ssion to	act or he in	cluded in a	all correspo	indence or h	o contac	ted regarding
this complaint					ciudeu iii a	ali correspo	ilidelice of t	e contac	teu regarding
	(			Yes					No
If you give per	missior	for this	person t	o receive co	opies of al	l correspon	dence relati	ng to you	ır complaint
procedure (inc	cluding	correspo	ndence	which may	contain yo	ur persona	l informatio	n), please	e include their
contact details		<u>'.                                    </u>							
Mailing Addre									
Street Address	S								
Suburb							State		
345415							State		
Country							Postcode		
Email address:									
Phone						Mobile			
Declaration:									
	I have i	read and	underst	ood Lumify	Learn's Co	mplaints &	Anneals Po	licy and F	Procedure, I
I confirm that I have read and understood Lumify Learn's Complaints & Appeals Policy and Procedure. I agree that all information provided in this form is true and correct. I hereby give permission for the									
persons identified above to act on my behalf or be included in any contact regarding this complaint.									
Name									
Signature									
Date									



## **Next Steps**

- You will be notified in writing acknowledging receipt of the complaint of appeal.
- The Training Manager is appointed as the Complaints Resolution Officer but may delegate where appropriate.
- The Training Manager or Delegate will investigate the Complaint/Appeal.
- The principles of natural justice and procedural fairness will be adopted at every stage of the complaint or appeal and it will be a transparent, participative process.
- Complaints or appeals where possible are to be resolved within 10 working days of the initial application.
- You will be advised in writing of the outcome of their complaint/appeal.
- Where Lumify Learn considers that the matter may take longer than 60 days, you will be notified in writing and we will keep you informed of the progress of your complaint.



Office Use Only					
Staff member receiving he complaint/appeal section					
Received by (nam	ie)				
Position					
Additional Notes					
Actions required l	•				
I have sent acknowledgement that the complaint/appeal has been received					
I have completed the declaration below and provided a copy of this form to the Compliance					
Officer					
I understand that this complaint/appeal must be kept confidential and be sent to the Training Manager.					
Actioned by:					
Position:					
Signature:					
Date:					



## **Complaints Resolution Section**

- This section should be completed by the Training Manager or Delegated authority.
- The Complainant should be provided a written response including outcomes/resolution to this complaint/appeal within 10 days of submission.
- Where this is not possible, progress updates must be provided to the Complainant communicating any barriers to completion

<b>Complaints Resolution Officer (Name)</b>					
Position:					
Investigation Notes					
Details of Outcome/Resolution					
Corrective Action Required:					
Who	Wha	t	When		
I will/have advise/d the Complainant of this outcome in writing					
I will/have advise/d the Complainant of the external appeal process if they are not satisfied					
with this outcome/resolution.					
I have securely stored all files and correspondence, including this form for audit purposes					
Complaints Resolution Officer (Name)					
Complaints Resolution Officer (Signature)					
Date:					