

NWT understands that a situation may arise when you wish to lodge a complaint or express a grievance in regard to services provided by **NWT**, or to appeal against a decision, including assessment decisions, made by **NWT**. Before you lodge this form, we encourage you to try to settle any complaint or grievance directly with the person(s) concerned.

However, if talking directly to the person concerned does not assist you or if you feel that you are unable to do so, then you are welcome to complete this form and submit it to our Grievance Officer within 28 days of the incident.

Once we have received this form:

1. The **NWT** Grievance Officer will contact you within seven (7) days of receipt of this form to discuss your grievance further or to offer a solution. If you do not wish to be contacted directly you may nominate a third party who is able to communicate with us on your behalf.
2. We will gather as much information as possible regarding your grievance from all parties concerned.
3. We will take all reasonable steps to resolve the matter.
4. If you are lodging an appeal against an assessment decision, you will have the opportunity to be re-assessed.
5. Every attempt will be made to reach a satisfactory resolution to the issue within 28 days.

If you are not satisfied with the outcome of your appeal against an assessment decision, a mediator may be appointed from an independent RTO.

If you feel that a complaint or grievance has not been attended to fairly, you may request an independent mediator from the state registering body.

A full copy of the **NWT** Complaints, Grievances and Appeals Policy will be supplied on request.

Completed Grievance Forms should be marked "CONFIDENTIAL" and sent in a sealed envelope to the following address:

The Grievance Officer
National Workplace Training
PO Box 86
MULGRAVE VIC 3170

Or by secure facsimile to: 03 9548 8827 (This fax machine is located in a secure area and accessed only by the Operations Manager.)

<p>Name</p> <p>Address</p> <p>Phone</p> <p>Email</p>
<p>If you feel that you are unable to take this matter up directly with us, you may choose another person to discuss the grievance on your behalf. Please provide the name and contact details of the person who may be acting on your behalf.</p> <p>Name</p> <p>Contact details</p>
<p>Please describe your complaint/grievance or appeal. (Attach extra pages if necessary)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;"><i>Please complete all details on both sides of this form</i></p>

What have you done to resolve your grievance? (Attach extra pages if necessary)

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What would you like to see happen?

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Signature: _____ **Date:** _____

Office Use Only

Received by:

Name _____ **Title** _____

Signature _____ **Date** _____

Is the matter now resolved? **Yes** **No**

Please provide details

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