



RTO No. 22581 CRICOS No. 03649A

Students who wish to lodge a complaint or appeal should use this form. You must supply with this form all documentation which is relevant to your complaint or appeal. You should submit the completed form and the supporting documents to ICV staff in person or sent through email to qc@icv.edu.au. The complaint or appeal will be considered by the ICV Management Committee. The process commences within ten working days of the lodgement of this form. All reasonable measures will be taken to finalise the matter as soon as practicable. At any relevant meetings in the complaints and appeals process, each party may be accompanied and assisted by a support person. Appeals must be lodged within twenty (20) working days of any decision which is being appealed against. The notification of the outcome of a complaint or appeal will include the reasons for the decision. If an appeal finds in a student's favour, corrective action may include restoration of the student's academic record. Please refer to ICV Complaint and Appeal Policy and Procedure for complete information. This policy is available on ICV website and also available in the ICV Student Handbook provided to you upon enrolment.

| SECTION 1 – Complainant/Appellant Details | | | |
|--|--|--|----------------------|
| Student ID | <input type="text"/> | Student Name | <input type="text"/> |
| Mobile phone number | <input type="text"/> | Email address | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Course in which you are enrolled | Code <input type="text"/> | Name | <input type="text"/> |
| SECTION 2 – Complainant/Appellant Declaration | | | |
| I have read and understood the ICV Complaints and Appeal Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that ICV may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further. | | | |
| Signature : | <input type="text"/> | Date: | / / |
| SECTION 4 – Complaint or Appeal Details | | | |
| Please tick the following areas to which your complaint relates: | | | |
| <input type="checkbox"/> Training Materials | <input type="checkbox"/> Incorrect assessment decision | <input type="checkbox"/> ICV's intention to defer, cancel or suspend | |
| <input type="checkbox"/> Training Facilities /Environment | <input type="checkbox"/> Bias of the assessor | <input type="checkbox"/> Personal conflict/Behaviour | |
| <input type="checkbox"/> Assessment Materials | <input type="checkbox"/> Incorrect or inappropriate information regarding assessment | <input type="checkbox"/> Discrimination | |
| <input type="checkbox"/> Assessment Facilities\ Environment | <input type="checkbox"/> ICV's intention to report | <input type="checkbox"/> Victimisation | |
| <input type="checkbox"/> Services provided | | <input type="checkbox"/> Privacy Breach | |
| <input type="checkbox"/> Other (provide detail): | | | |
| Does your complaint or appeal involve another person (e.g. Trainer/Assessor/other student)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, please provide their name: | | | |

Address: Suite 2, Level 12, 190 Queen Street, VIC 3000 Phone: +61 3 9942 1836

Website: <http://www.icv.edu.au> Email: info@icv.edu.au



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|--|---|--------------------|------------------|
| Does your complaint or appeal involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, please provide the name/s and contact details of witnesses who are willing to support your claim: | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| Tel/Mobile: | | Tel/Mobile: | |
| | | | |
| Please outline the nature/circumstances of your complaint/appeal and the actions you have taken in an attempt to resolve this matter: | | | |
| | | | |
| What action/resolution would you like to see occur/implemented: | | | |
| | | | |
| ICV Use Only | | | |
| <input type="checkbox"/> | Complaint/Appeal Lodgement Form Received (Admin) | Initial | Date: / / |
| <input type="checkbox"/> | Complaint recorded in Complaint & Appeal Register | Initial | Date: / / |
| <input type="checkbox"/> | Letter of Acknowledgement sent | Initial | Date: / / |
| <input type="checkbox"/> | Complaint Forwarded to RTO Manager | Initial | Date: / / |

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