



# DI-FM214 Complaints Form

## Instructions for using the Complaints Form

The Complaints Form is designed to ensure a fair and efficient resolution process for any concerns or issues you may encounter with Delta Institution, its staff, VET students, or third-party service providers. This form is part of the complaints policy and procedure found in the Student Handbook or website.

Follow these steps to complete and submit the form:

Step No	Information
1.	Collect all relevant details about your complaint, such as dates, locations, names of individuals involved, and any evidence to support your concerns (e.g., emails, screenshots, or documents).
2.	<b>Personal Details</b> Provide your full name, student ID (if applicable), email address, and phone number. Indicate your preferred contact method (email or telephone) so we can communicate with you effectively.
3.	<b>Details of the complaint</b> Fill in the date the incident occurred and the location (if applicable). Clearly describe the nature of your complaint, including all relevant facts and details. Use additional pages if necessary. Indicate whether you have already attempted to resolve the issue informally. If yes, describe the steps you took and the outcome.
4.	<b>Supporting Documentation</b> Attach any supporting evidence that may help us better understand your complaint. This may include emails, photographs, or other documents. List the attached documents in the space provided.
5.	<b>Desired Outcome</b> Specify how you would like the issue to be resolved. For example, you may request an apology, a policy change, or another action to address your concern.
6.	<b>Declaration</b> Sign and date the form to confirm that the information provided is accurate and truthful.
7.	<b>Submission</b> Submit the completed form and attachments via email to <a href="mailto:course@deltainstitute.edu.au">course@deltainstitute.edu.au</a> , addressed to the General Manager – Institute.
8.	Once your form is received, Delta Institute will acknowledge receipt in writing within five (5) business days. You will be informed of the timeline for resolving your complaint and may receive updates if additional time is required.
9.	Delta Institute will investigate the complaint, gather facts, and determine a fair resolution. You will be notified in writing of the outcome within fifteen (15) business days of lodging the complaint, or you will be informed if additional time is needed.



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10. If you are not satisfied with the outcome, you may appeal the decision. The Manage Appeals Policy & Procedure is available on the Delta Institute website and an in the Learner Portal.  
Details about escalating your complaint will be included in the final resolution letter.

All complaints are handled confidentially, and records are securely maintained. Your feedback helps Delta Institute improve its services, policies, and practices.

If you have any questions about the complaints process or for assistance in completing the form, please contact Delta Institute via [course@deltainsitute.edu.au](mailto:course@deltainsitute.edu.au).

### SECTION 1 – to be completed by complainant

<b>Full Name:</b>		
<b>Email Address:</b>		
<b>Postal Address:</b>		
<b>Contact Number:</b>		
<b>Preferred Contact Method</b>	<ul style="list-style-type: none"><li>• Email</li><li>• Telephone</li></ul>	
<b>Nature of Complaint:</b>	<b>Date of event:</b>	
	<b>Location:</b>	
	<b>Person/s involved:</b>	
	<b>Assessment:</b>	
	<b>Reason for complaint or appeal:</b>	
	<b>Other relevant information:</b>	
<b>Please list and attach any supporting documents in relation to the complaint or appeal:</b>		
<b>Have any steps been taken to resolve this complaint informally</b>	<input type="checkbox"/> Yes – please provide details and outcome	



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prior to lodgement of this Form?	<input type="checkbox"/> No – please provide reasons why		
What outcome are you seeking?			
Declaration:	I declare that the information provided in this form is true and accurate to the best of my knowledge.		
Date of submission:		Signature:	
<b>SECTION 2 – to be completed by the General Manager - Institute</b>			
Form Number:			
Student Number:			
Added to C&A Register?	<input type="checkbox"/> Yes      Date: <input type="checkbox"/> No		
Forwarded to CEO?	<input type="checkbox"/> Yes      Date: <input type="checkbox"/> No		
Has review process closed out?	<input type="checkbox"/> Yes      Date: <input type="checkbox"/> No		
If yes, close out on C&A Register?	<input type="checkbox"/> Yes      Date: <input type="checkbox"/> No		
Added to CI Register where required?	<input type="checkbox"/> Yes      Date: <input type="checkbox"/> No		
Comments:			
Date:		Signature:	