

## CIT SOLUTIONS COMPLAINT FORM

### Part A: Applicant information

Name:	Date:
Name of the Section/Centre of CIT Solutions your complaint concerns if applicable and known:	
Your Contact Number:	Alternate Contact Number:
Your Address:	Email:

### Part B: Information about your complaint

What is your complaint about? (please tick the category it concerns)	
<ul style="list-style-type: none"> <li>Curriculum and /or Assessment</li> <li>Discrimination</li> <li>Administration and or Fees</li> <li>Poor Communication</li> <li>Actions and Behaviours of CIT Solutions employees</li> </ul>	<ul style="list-style-type: none"> <li>Harassment</li> <li>Interpersonal conflict &amp; difficulties</li> <li>Breach of Human Rights</li> <li>Quality of Teaching</li> <li>Breach of Privacy</li> </ul>
Other – please describe	
<p>If your complaint is about a particular person or persons, please identify the person, their position and how they relate to you.</p> <p><i>(For example: my complaint is about Joe Bloggs, the current facilitator of my course)</i></p>	
<p>Please briefly state your allegation (s), the alleged 'wrong doing' only. Some examples are provided.</p> <ol style="list-style-type: none"> <li>1. <i>I have been subjected to harassment by my facilitator, Fred Jones over the last six months on several occasions.</i></li> <li>2. <i>I was not provided with the assessment requirements for my course in a timely manner.</i></li> <li>3. <i>My facilitator Julia White consistently turns up late for class and is disorganised and unprepared.</i></li> </ol> <p><b>ALLEGATION(S)</b></p>	

Please provide specific details of the events that occurred, in chronological order, and name the person(s) your complaint concerns. If your complaint relates to a specific incident (or incidents it is useful to provide approximate dates, times and records of what was said (as far as you can recall). And please attach additional information as required.

<b>Date:</b>	<b>What happened:</b>

Have there been any witnesses to any of the events? If so, please list their name and contact number:

Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:
Name:	Contact Number:

Are you a learner at CIT Solutions? If not please provide further details:

What do you think would resolve your complaint? *(For example, an apology or a meeting to discuss the issues)*

Has this happened before?                      Yes        /        No

If so, please provide details of the previous incidents:

Have you told anyone at CIT Solutions (for example, your Facilitator or Centre Manager) about your complaint either informally or formally?                      Yes        /        No

If so, who have you told about your complaint and what action (if any) have they taken?

Is there any other information you would like to include?

Signature:

Date:

*Note: If you do not have sufficient space on this form, please attach additional pages.*

Please post or email your completed form to:

The General Manager  
CIT Solutions Pty Ltd PO Box 226  
JAMISON ACT 2614