



Complaint Form

Version 2 – Updated March 2026

Use this form to lodge a complaint about staff behaviour, facilities, administration, discrimination, service delivery or third-party matters.

If you need help completing this form, CTIA can arrange support from an impartial staff member.

CTIA will manage complaints in accordance with procedural fairness and natural justice and will provide a written outcome and further review options where applicable.

Complaints Pathway

Stage 1: Informal Resolution

Student discusses the issue directly with the Trainer or Staff member.

Goal: immediate resolution through open communication.

If unresolved, move to Stage 2.

Stage 2: Formal Internal Complaint

Student submits this Complaint Form to CTIA Management.

Acknowledged within 5 business days; investigated and decided within 20 business days.

If unresolved, move to Stage 3.

Stage 3: Internal Review

Senior Management not involved in the original issue reviews the matter.

Goal: procedural fairness and consideration of any new evidence.

If still unresolved, move to Stage 4.

Stage 4: Independent External Review

Referral to an independent external body if requested by the student.

CTIA will provide access to an impartial external review option at low or no cost where required.

Any resulting corrective action is implemented promptly.

1. Student Details

Student Name: _____

USI: _____

Phone: _____

Email: _____

Course / Qualification (if applicable):

Date Lodged: _____

2. Nature of Complaint

Administrative

Trainer / Staff

Facilities / Equipment

Discrimination / Harassment

Third-Party Provider / Workplace

Other: _____

3. Description of the Issue

Please describe what happened, including relevant dates, locations, staff involved and any steps already taken.

4. Desired Outcome

What would you like CTIA to do to resolve this matter?

5. Evidence Provided / Attachments

List any supporting evidence attached to this form, such as emails, photographs, screenshots, witness statements, receipts or other relevant documents.

6. Student Declaration

I confirm that the information provided in this complaint is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

7. Office Use Only

Case Number: _____ Date Received: _____

Date Acknowledged: _____ Assigned Staff Member: _____

Internal Reviewer (if escalated): _____ Final Decision Date: _____

Outcome / Decision: _____

Continuous Improvement / Corrective Action Required: _____

Reviewer Signature: _____ Date: _____