

**Complainant Details**

Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**I am a...**

- |   |  |
|---|--|
| <input type="checkbox"/> parent, In Home Care                 | <input type="checkbox"/> nanny, In Home Care         |
| <input type="checkbox"/> current student                      | <input type="checkbox"/> former student              |
| <input type="checkbox"/> prospective student                  | <input type="checkbox"/> parent of the student       |
| <input type="checkbox"/> employer of an apprentice or trainee | <input type="checkbox"/> client/customer             |
| <input type="checkbox"/> industry representative              | <input type="checkbox"/> other, please specify _____ |

**Complaint/Appeal Details**

The complaint/appeal is generally about...

- |   |   |
|---|---|
| <input type="checkbox"/> In Home Care services                        | <input type="checkbox"/> Nanny placement                                    |
| <input type="checkbox"/> The quality of training delivery             | <input type="checkbox"/> The quality of assessment                          |
| <input type="checkbox"/> The qualifications of the trainer            | <input type="checkbox"/> The conduct of the trainer                         |
| <input type="checkbox"/> Fees, charges and refunds                    | <input type="checkbox"/> Marketing materials, website, student information  |
| <input type="checkbox"/> Student records                              | <input type="checkbox"/> Work Placement                                     |
| <input type="checkbox"/> Student release/transfer to another provider | <input type="checkbox"/> Issuance of Certificate or Statement of Attainment |
| <input type="checkbox"/> Bullying or harassment                       | <input type="checkbox"/> Other, please specify _____                        |

**Description of complaint** *(for example – details of incident, why training did not meet needs, how the assessment was carried out, how the trainer responded to student needs, etc.)*

**How this issue has affected me/ the student/employer/ IHC Parent....**

**Expected outcomes from this complaint/appeal....**

**Supporting documentation or evidence**

- There is supporting documentation or other evidence (supply or attach documentation or evidence)
- There is no supporting documentation

**Signature of Complainant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**This portion to be filled out by CHARLTON BROWN® Administration office only**

**Steps taken to resolve complaint**

- Complaint/Appeal received on (date) \_\_\_\_\_ by (name of CB staff) \_\_\_\_\_
- Complaint/Appeal discussed and brought to attention of CB senior management
- Action Taken (provide details)
  
- Complaint/Appeal entered in CB Register of Complaints/Appeals