

RTO POLICIES AND PROCEDURES

QUALITY AREA 2: VET STUDENT SUPPORT

DIVISION 5 – FEEDBACK, COMPLAINTS AND APPEALS

RELEVANT STANDARDS 2.7, 2.8

Document code:	Q2-D5-FCA-Policy
Version / Status:	2025-01-00 (Approved)
Next mandatory review:	01 Jul 2026
Owner / Approver:	CEO / Compliance Manager
Location in Register:	Compliance Documents/Outcome Standards/Q2-VET Student Support/Q2.D5-Feedback, Complaints and Appeals



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Section 1: Purpose

To ensure that all VET students and stakeholders of Vital Training Solutions Pty Ltd have access to transparent, fair, and accessible feedback, complaints and appeals processes that are consistent with the Outcome Standards for RTOs (2025), and that these processes are used to inform continuous improvement.

Section 2: Scope

This policy applies to all current and prospective VET students, clients, employers, staff and third parties engaged by Vital Training Solutions Pty Ltd.

Section 3: Key Compliance Requirements

- Outcome Standards for RTOs (2025): Standards 2.7 and 2.8
- ASQA Practice Guide: Feedback, Complaints and Appeals
- Privacy Act 1988 (Cth)
- National Vocational Education and Training Regulator Act 2011

Section 4: Policy Statement

Vital Training Solutions Pty Ltd encourages all stakeholders to provide feedback and ensures complaints and appeals are addressed through a fair, respectful, and timely process.

Procedural fairness includes:

- The right to be informed of decisions or allegations
- The opportunity to respond
- Decision-making by an impartial person
- Access to a support person or interpreter
- Timely written outcomes

No student or staff member will be disadvantaged for raising a concern. Support is available for diverse needs, including translated materials, assistive formats, and cultural support.

If a complainant or appellant is dissatisfied with the internal resolution process, the following external bodies are available to lodge a complaint at no cost:

- **[National Training Complaints Hotline](#)**
Phone: 13 38 73, Monday–Friday, 8am to 6pm nationally.
- **[Australian Skills Quality Authority](#)**
- **Ombudsman & Fair Trading Offices:** Contact details available via Student Support.

These details should be made available in student and staff handbooks, on the Vital Training Solutions Pty Ltd website, and as part of induction and support processes.

Section 5: Procedures – Step-by-step

5.1 Internal Workflow for Managing Feedback, Complaints and Appeals

#	Responsible	Action	Supporting Tool / Record	Std
1	Any Staff	Receive informal feedback or concern	Informal Feedback Notes	2.7
2	Relevant Officer	Provide support, attempt early resolution	Staff Meeting Notes	2.7
3	Admin	Provide access to Complaints and Appeals Form	Handbook / Website	2.7
4	RTO Manager	Assign investigation lead; initiate register entry	Q4-Governance Register.xlsx/CAA tab	2.7
5	Compliance Manager	Monitor timelines and case file status	Calendar Alerts / CAA tab	2.7, 2.8
6	Q&C Committee	Review closed cases monthly; monitor for trends	Q & C Meeting Agenda / Minutes	2.7, 2.8
7	Compliance Manager	Ensure all documentation is complete and outcomes recorded	Q4-Governance Register.xlsx CAA tab / OFI tab	2.7, 2.8

Additional Notes:

- Maximum resolution timeframe is 60 calendar days. If exceeded, written explanation and progress updates must be provided.
- All complaints and appeals are recorded in the Q4-Governance Register.xlsx/CAA tab.
- Opportunities for improvement are documented in the OFI tab.
- Appeals regarding assessment are reviewed by an independent assessor and, if needed, external RTO representatives.

5.2 Complaints Procedure

#	Responsible	Action	Supporting Tool / Record	Std
1	Complainant	Submit complaint verbally or using the Complaints and Appeals Form	Complaints and Appeals Form	2.7

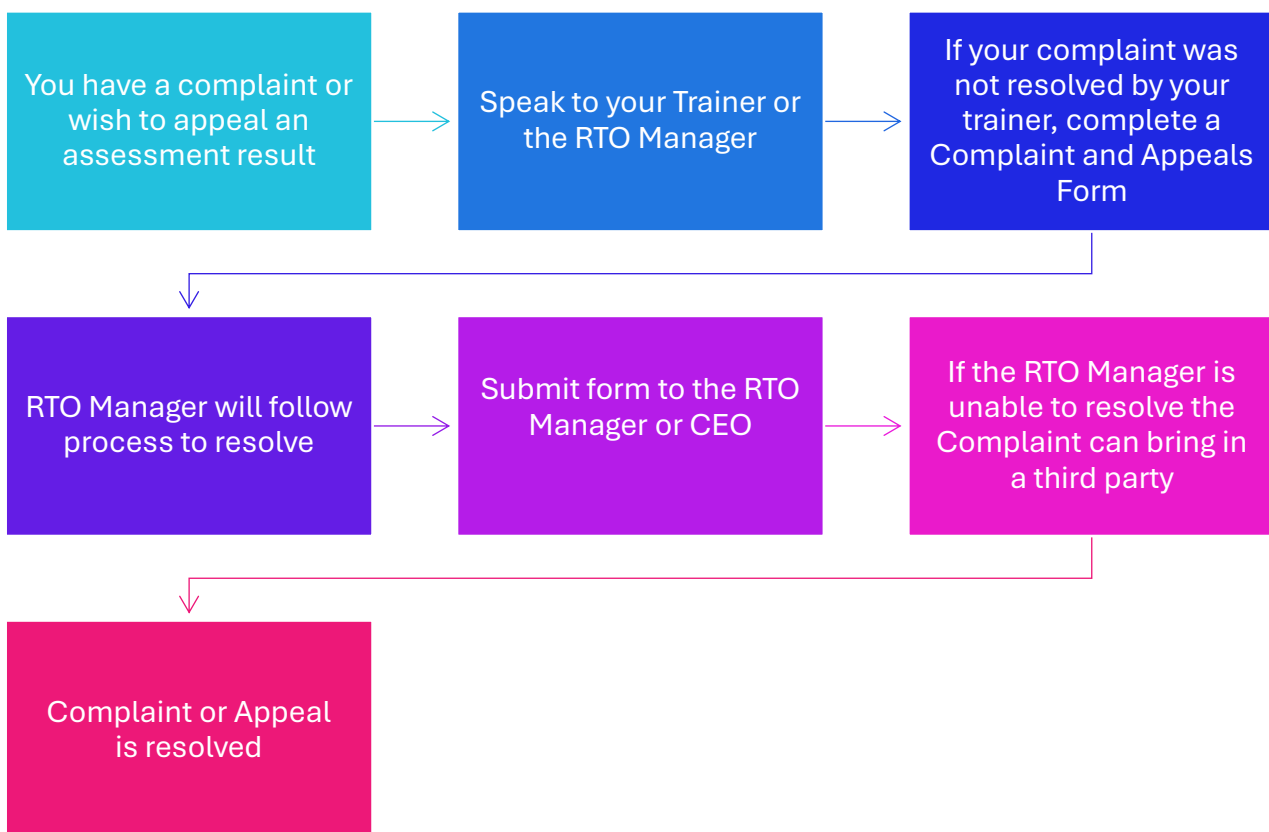
#	Responsible	Action	Supporting Tool / Record	Std
2	RTO Admin / Manager	Acknowledge complaint in writing within 5 business days	Acknowledgement Email	2.7
3	RTO Manager	Notify relevant parties of complaint and initiate investigation	Notification Letter	2.7
4	RTO Manager	Arrange a meeting with all parties within 10 business days	Meeting Notes	2.7
5	RTO Manager	Conduct fair investigation within 60 calendar days, Note: If the RTO determines that the appeals process will take more than 60 calendar days, the RTO manager will notify the student in writing including reasons why more than 60 days is required. The RTO manager will regularly update the student with the process.	Investigation Report	2.7
6	RTO Manager	Communicate written outcome to all parties, including reasons	Outcome Letter	2.7
7	Compliance Manager	Enter complaint into CAA Register; review at Q&C Meeting	Q4-Governance Register.xlsx/CAA tab	2.7
8	Complainant	If dissatisfied, initiate appeal process (see Procedure 5.3)	Appeal Form	2.8

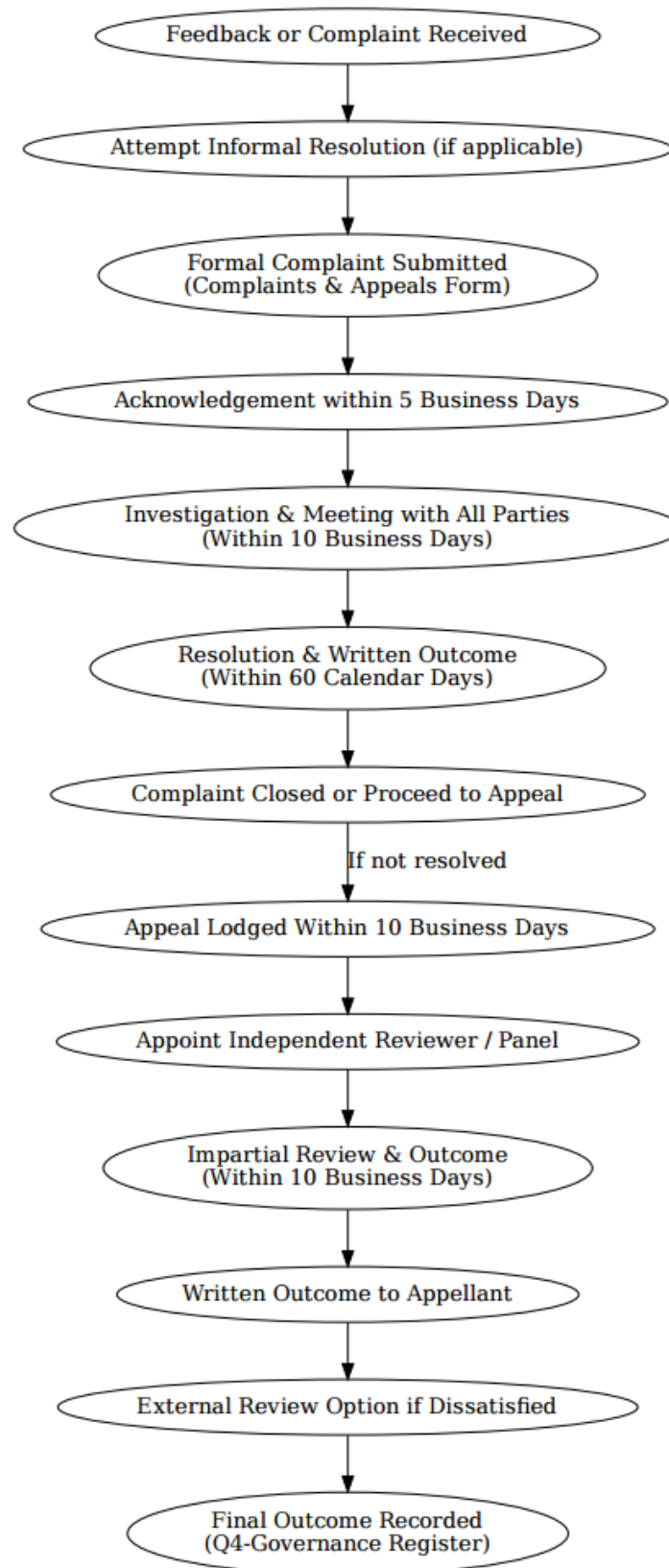
5.3 Appeals Procedure

#	Responsible	Action	Supporting Tool / Record	Std
1	Appellant	Submit appeal within 10 business days of complaint decision	Complaints and Appeals Form	2.8
2	Compliance Manager	Acknowledge receipt and confirm review timeline	Acknowledgement Email	2.8
3	Compliance Manager	Appoint independent panel/reviewer not involved in original decision	Reviewer Appointment Memo	2.8
4	Panel / Reviewer	Conduct fair and impartial review	Review Report	2.8

#	Responsible	Action	Supporting Tool / Record	Std
5	Panel / Reviewer	Notify student of appeal decision within 10 business days Note: If the RTO determines that the appeals process will take more than 60 calendar days, the RTO manager will notify the student in writing including reasons why more than 60 days is required. The RTO manager will regularly update the student with the process.	Outcome Letter	2.8
6	Appellant	If still dissatisfied, request external independent review	Referral Advice	2.8
7	Compliance Manager	Record outcome in CAA Register and escalate systemic issues to OFI tab	Q4-Governance Register.xlsx	2.8

Students may access interpreters, advocacy support, or alternative formats (large print, audio, translated) upon request to ensure equitable participation in all stages of this process.





Section 6: Evidence and Records Matrix

Record	Location	Retention Period	Responsible
Feedback entries	CAA tab in Governance Register	5 years	Compliance Manager
Complaints and outcomes	CAA tab in Governance Register	7 years	Compliance Manager
Appeals and outcomes	CAA tab in Governance Register	7 years	Compliance Manager
Corrective actions (if any)	OFI tab in Governance Register	7 years	Compliance Manager

Section 7: Roles and Responsibilities (RACI Table)

Activity	Responsible	Accountable	Consulted	Informed
Receive and record feedback	Staff	Compliance Manager	Students, Clients	CEO
Investigate complaints	Compliance Manager	CEO	Trainers, Admin	Complainant
Respond to complaints	Compliance Manager	CEO	Admin	Complainant
Manage appeals	Compliance Manager	CEO	Independent Reviewer	Appellant
Analyse trends and report outcomes	Compliance Manager	CEO	Q&C Committee	All Staff

Section 8: Monitoring and Review Cycle

This policy is reviewed at least annually or following any significant complaint or appeal event. The Compliance Manager is also responsible for:

- Quarterly data analysis of feedback and complaints
- Identifying systemic risks or repeated issues
- Reporting trends to the Q&C Committee
- Ensuring corrective actions are tracked via OFI tab
- Verifying all documentation and register entries are complete

8.1 Internal KPI and Monitoring Template (Monthly)

Metric	Target/Threshold	Data Source	Reviewed By	Action if Variance
No. of complaints received	≤ 3 per month	CAA Register	Compliance Manager	Review trends / investigate
No. of appeals received	≤ 1 per month	CAA Register	Compliance Manager	Case review and resolution
Resolution time (avg days)	≤ 20 business days	CAA Register / Case Logs	Compliance Manager	Escalate to CEO
Open cases older than 60 days	0	CAA Register	Compliance Manager	Immediate follow-up
% of outcomes communicated in writing	100%	Email Records / Case File	Compliance Manager	Update procedures if needed
% of complaints involving 3rd party	Track only	Case Notes	Compliance Manager	Log in OFI if repeated
Feedback used for improvement	≥ 1 OFI raised per quarter	OFI Tab in Q4-Governance Register	Q&C Committee	Add to CI meeting agenda
Staff training on process completion	100% completion per quarter	Training Register / Induction Log	Compliance Manager	Schedule refresher training

This table must be reviewed monthly at the Quality and Compliance Committee meeting and submitted as part of internal governance reporting.

Section 9: Document Control History

Version	Date	Change Summary	Approved By
2025-01-00	23 Jun 2025	Initial release aligned to Outcome Standards 2025.	CEO