

Purpose

Vative Healthcare has a defined complaints and appeals process that will ensure learner and client appeals, complaints and grievances are addressed effectively and efficiently. Vative Healthcare strives to ensure that all learners and clients are satisfied with the learning experience and training outcomes.

In the unlikely event that this is not the case, all complainants have access to the rigorous, fair and timely Appeals, Complaints and Grievance process outlined in this policy and procedures document. Any appeal, complaint or grievance will be reviewed as part of the continuous improvement process and where corrective action has been identified it will be implemented as a priority.

Standards and Conditions

The following table represents areas which this policy and procedure relates to in accordance with Federal and State contract guidelines.

ASQA: Standards	Delegate Requirements	HESG: VET Funding Contract
Standard 2.2 (b)	R2.2	Clause 12
Standard 6		Schedule 1, clause 1.6

Responsible Parties

A grievance, complaint or appeal is deemed to be formal when it is made in writing to the RTO Manager or the Chief Executive. The RTO Manager will support the Chief Executive in ensuring the grievance, complaint or appeal is handled in accordance with this policy.

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5.0	October 2022	CEO	November 2024

Policy Outline

Definitions outlining this policy:

- *Appeal*: In law, an appeal is a process for requesting a formal change to an official decision
- *Complaint*: A statement that a situation is unsatisfactory or unacceptable.
- *Grievance*: An official statement of a complaint over something believed to be wrong or unfair.

If a learner or client is dissatisfied with any aspect of the training being undertaken, it should first be discussed directly with the educator, or if that is not appropriate, the RTO Manager.

Learners and clients have the right to present a complaint and to appeal any decisions (including assessment decisions). All appeals, complaints and grievances will be handled in an unbiased manner and will adopt the principles of natural justice and procedural fairness. Vative Healthcare will treat all appeals, complaints and grievances in confidence.

If the issue is unable to be resolved within 5 working days or it is not appropriate that the RTO Manager or educator address it, the issue is to be referred to the Chief Executive Officer of Vative Healthcare.

Where Vative Healthcare considers more than 60 calendar days are required to process and finalise the complaint or appeal. Vative Healthcare will:

- Inform the Complainant in writing, including reasons why more than 60 calendar days are required: and
- Regularly update the Complainant on the progress of the matter

Where an appeal, complaint or grievance cannot be resolved through discussion and conciliation Vative Healthcare acknowledges the need to engage an appropriate external, independent agent for mediation, see details listed below.

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Disputes Settlement Centre

A Division of the Department of Justice

GPO Box 4356, Melbourne, VIC, 3001

Phone: 1300 372 888

Website: <https://www.disputes.vic.gov.au/>

Enquire: <https://www.disputes.vic.gov.au/about-us/contact-us>

The Dispute Settlement Centre of Victoria (DSCV) aims to assist in resolution of a wide range of disputes and prevent the need for legal action. Their fee free services include offering practical strategies, mediation and education programs. Assistance is available in a number of languages .

Procedure Outline

All complaints and appeals, no matter how they are received are to be logged within the Complaints & Appeals Register. Emails and file notes in relation to complaints and appeals are also kept within the following location: Vative Healthcare - Quality & Compliance\6. ASQA\Complaints & Appeals

In the event of a Formal Complaint or Appeal the following steps will be taken:

1. Formal complaints and appeals must be made via the 'Appeals, Complaints and Grievances form' or sent via email detailing the complaint.
2. The 'Appeals, Complaints and Grievances form' is in the student handbook, on the Vative Healthcare website or to be supplied to the complainant upon request.
3. The 'Appeals, Complaints and Grievances form' is to be addressed to the RTO Manager of Vative Healthcare.
4. Upon receipt of the complaint (via Appeals, Complaints and Grievances form or email) the RTO Manager will acknowledge the complaint in writing and will commence investigation within 5 working days.
5. The RTO Manager will inform those involved in the allegation and provide an opportunity to present their side of the matter.
6. The RTO Manager will commence the processes for resolution.

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7. The RTO Manager will notify the Complainant of the result of the investigation, his/her recommendations and outcome, including reasons for decision/s made with reference to 'Appeals, Complaints and Grievance form'.

Whereby a Complainant telephones Vative Healthcare:

1. The person taking the call will be professional and confident at all times regarding Vative Healthcare and the service products offered by Vative Healthcare.
2. The person taking the call will refer the complaint to the RTO manager who will respond to the Complainant within 48 hours.
3. A request will be made to submit an Appeals, Complaints and Grievances form or to detail the complaint in an email to the RTO Manager.

Refer to the attached Appeals, Complaints and Grievances Form on the following page.

Substantiated complaints will also be logged on the Improvement Register for further investigation to identify potential causes and ensure appropriate action is taken to mitigate or remove the cause.

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Vative Healthcare

Appeals, Complaints, Grievances Form

Name of Person Reporting:	Company (if applicable):
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Reported to RTO Manager <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/>	Appeal <input type="checkbox"/> Complaint <input type="checkbox"/> Grievance <input type="checkbox"/>	Date:	
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Description of Issue

Expected Outcome

Action already taken by person reporting issue

Complainant	Signed:	Date:
RTO Manager/CEO	Signed:	Date:

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