**Apprenticeship and traineeship complaint form**

**Apprenticeships Info** ⚫ 1800 210 210 ⚫ apprenticeshipsinfo@qld.gov.au ⚫ www.apprenticeshipsinfo.qld.gov.au

An employer, apprentice, trainee, parent/guardian or person with sufficient interest may lodge a complaint to the Department of Employment, Small Business and Training (DESBT) in relation to an apprenticeship or traineeship matter, including:

* training delivered to the apprentice or trainee under the training contract
* adequacy of the facilities, range of work and supervision provided by the employer
* circumstances in which the contract was signed or amended or cancelled
* the handling of a matter by the regional office
* the behaviours of training organisations contracted by DESBT to deliver training to apprentices/trainees.

Before proceeding with your complaint, it is important that you read the *ATIS-002 Complaint about or appeal against a decision information sheet*, found at [www.apprenticeshipsinfo.qld.gov.au](http://www.apprenticeshipsinfo.qld.gov.au) > Information sheets, forms & resources > Information sheets.

**Please note: DESBT cannot deal with matters already being considered, or which have been decided, by the Queensland Industrial Relations Commission (QIRC).**

Please return this completed form via email to [**apprenticeshipsinfo@qld.gov.au**](mailto:apprenticeshipsinfo@qld.gov.au) or post to **Apprenticeships Info, PO Box 15121, City East QLD 4002**.

\*Indicates mandatory fields

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| **About you (the complainant)** | |
| \*Name: |  |
| \*Current home address: |  |
| \*Contact phone number: |  |
| Email address: |  |

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| **About the affected party (if different from the complainant)** | |
| \*Are you the affected party? | 🞏 Yes 🞏 No |
| If no, what is your relationship to the affected party? |  |
| If no, what is the name of the affected party? |  |
| Registration number (if known): |  |
| \*Date of birth (dd-mm-yyyy) *Used for identification purposes.* |  |
| Preferred contact number of the affected party: |  |

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| **About the complaint** | |
| \*Who are you complaining about? | 🞏 Supervising registered training organisation  🞏 Australian Apprenticeship Support Network provider  🞏 Employer  🞏 Apprentice or trainee  🞏 Department of Employment, Small Business and Training |
| \*Details of your complaint:  *Please provide as much information as possible, You may wish to attach further documents if required.* |  |
| \*Have you already taken any action to resolve the complaint? | 🞏 Yes 🞏 No |
| If yes, what action have you taken and what was the outcome? |  |
| \*Supporting evidence:  *Please tell us about any documents that may help with the investigation (e.g. letters, pay slips, doctors’ certificates, etc) and how this evidence may be obtained.* |  |
| To investigate your complaint, DESBT may need to release details of this complaint to other parties who may be associated with this complaint (e.g. employer, supervising registered training organisation, etc). DESBT will only do so if your consent is provided.  Do you consent? 🞏 Yes 🞏 No  **Please note: Refusal to release information relating to this complaint may inhibit the success of the investigation.** | |