

Form

Effective Date: 31/05/18

Request for Internal Review – QFES RTO

This form may be used to request an internal review of an administrative decision made by an employee, volunteer or contractor of the Agency which has had a substantial and direct adverse impact on the Learner.

This form may also be used to record the action taken to conduct an internal review and the outcome/s.

This form should be lodged directly with the QFES RTO Governance and Compliance Unit - RTO.Compliance@qfes.qld.gov.au

In accordance with the QFES Procedure PR3026.1.0 – Management of Complaints About Employees, Volunteers and Contractors a request for internal review must be made within 14 days of the complainant receiving advice as to the outcome of their complaint.

Privacy Notice:

Queensland Fire and Emergency Services, the Inspector-General Emergency Management and/or the Public Safety Business Agency (the Agencies) are collecting the information on this form for the following purposes:

- to ensure the accurate maintenance of learner records;
- to assist the Agencies in discharging their obligations in relation to the effective resolution of complaints; and
- for the Agencies to discharge their legislative, accountability, administrative, reporting, management, personnel and financial functions.

For further information about privacy and other uses and disclosures of your personal information, contact the Information Management Division.

Complainant Details

Full name:	
Employee/USI number:	
Date of birth:	
Position and rank/level: <i>(internal QFES use only)</i>	
Work unit and location: <i>(internal QFES use only)</i>	
Division:	
Agency:	<input type="checkbox"/> PSBA <input type="checkbox"/> QFES <input type="checkbox"/> IGEM <input type="checkbox"/> External Learner
Contact Details:	



Details of the Request

(please provide all required information – attach separate documents if required)

Provide an overview of the matter/decision for which you are seeking an internal review (including the name of the person who dealt with the matter or made the decision):

Clearly state the reason/s for your dissatisfaction with the matter/decision (do not merely state that the initial action/outcome was unfair or unreasonable):

If your complaint relates to an administrative decision, please confirm that you have requested the relevant decision-maker to reconsider the decision, and outline the result of that request:

Outline how the conduct referred to in your initial complaint or the administrative decision had a substantial and direct adverse impact on you:

Outline the action you believe would resolve the matter to your satisfaction:

Employee Certification

I acknowledge that the information I have provided in this form is true and correct

Name:

Signature:

Date:

