

COMPLAINTS/APPEALS FORM

This form should be used if any verbal complaint made by a client cannot be resolved. If the person making the complaint requires help to complete this form, it is recommended that the complainant seek the assistance of an impartial person. The aim is to resolve complaints as quickly as possible, in accordance with Riverina Community College's [Complaints and Appeals Policy](#).

Student/Client Name: _____ Date: _____

Course: _____

Complaint Appeal

Section 1

Provide full details of complaint/appeal (ie - date, time, place, people involved, background information, etc)

Section 2

What outcome/s are you seeking from this complaint/appeal?

Section 3

How would you like Riverina Community College to contact you in relation to this complaint / appeal?

By phone – preferred number: _____

By email – preferred email: _____

By letter – preferred mailing address: _____

I confirm that the information provided above is true and accurate

Signed by complainant: _____ Date: _____

Document Name	Complaints/Appeals Form		Reference to Standards for RTOs 2015	6.1 - 6.6
Issue Date	Jul 2019	Review Date	Jun 2022	Version Number V2.0
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For internal completion

Section 4

Action/s to be taken to resolve this complaint/appeal:

Who:

When:

Section 5

Outcome/s from action/s taken:

Was the complaint or appeal resolved? Yes No

If no, detail any follow up actions

Actions taken and result have been recorded in the Continuous Improvement Register

Section 5

Detail date and how the complainant was advised of the outcome/s from this complaint / appeal.

RTO Manager

Signed: _____ Date: _____

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