

Complaints Form

To be completed by the Participant

Participant Details			
Participant Name:			
Current Address:			
Phone Number:		Mobile Phone Number:	
Email Address:			
Program Code/Title: (Currently Enrolled in)			
Application Details			
Date of Complaint			
Details of Complaint <i>(please attach additional pages if needed)</i>			
People Involved:			
Resolution Action: <i>(please indicate what outcome you are seeking)</i>			
Participant Declaration	I have read the complaints policy and procedures and agree to follow the correct process required		
Participant Signature:		Date:	

To be completed by the RTO

Complaint	
Action to be taken to address complaint:	
Who by:	Date:
Approved by:	
Participant notified of outcome:	<input type="checkbox"/> Yes Date: ___/___/___ Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting

Complaint Review	
Person reviewing:	Review Date:
Agreed action completed and complaint effectively dealt with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, detail further action(s) to be taken	
Signature:	Date: