

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>	

Complaints Form

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:	