



Complaints Lodgement Form

Complaint Lodgement Number:

SECTION A

SURNAME (BLOCK LETTERS)		OTHER NAMES	<input type="checkbox"/> MR <input type="checkbox"/> MISS <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> DR
ADDRESS			POSTCODE
TELEPHONE PRIVATE	BUSINESS	DATE OF BIRTH ____ / ____ / ____	
FAX	EMAIL		

SECTION B

Please tick the following areas to which your complaint relates:

- | | | |
|---|---|--|
| <input type="checkbox"/> Training Materials | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Personal Conflict/Behaviour |
| <input type="checkbox"/> Training Facilities | <input type="checkbox"/> Assessment Facilities | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Training Content/Information | <input type="checkbox"/> Assessment Materials | <input type="checkbox"/> Victimisation |
| <input type="checkbox"/> Training Environment | <input type="checkbox"/> Services Provided | <input type="checkbox"/> Privacy Breach |
| | | <input type="checkbox"/> Other |

Please provide the name of the trainer/assessor or other person:

Please provide the name and date of the course:

_____ Date: ____ / ____ / ____

SECTION C

Outline the nature of the complaint



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What steps have been taken in attempt to resolve this issue?

What action would you like to see occur?

SECTION D

The following person(s) were/were not a witness to this issue and have agreed to provide additional information.

Name:	Name:
Address:	Address:
Phone:	Phone:
Signature of Witness	Signature of Witness

SECTION E

I have read and understood the The RTO Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issues. I agree that The RTO may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

Signed: _____ Date: ____/____/____

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SECTION F

ADMINISTRATION STAFF ONLY

COMPLAINT RECEIVED BY:

Name: _____

Signature: _____ Date: ____/____/____

COMPLAINT FILE GENERATED BY:

Name: _____

Signature: _____ Date: ____/____/____

COMPLAINT FOWARDED TO:

Name: _____

Signature: _____ Date: ____/____/____