



TRAINING &
EDUCATION

Complaints/Appeals Form

- Complaint** **Appeal**

Student Number:

Students Name:

Please tick the boxes to specify whom your complaint/appeal is made to:

RTO Staff

- Management
 Trainer/Assessor
 Administration

Third parties (please specify)

Details of Complaint/Appeal (Attach documentation or complete this section)

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Student's Signature: _____ Date: _____



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Report – Administration Manager and/or nominee

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Signature: _____ Date: _____

NB – If the complaint/appeal is considered to take more than 60 calendar days, then the organisation will inform the complainant/appellant in writing and include reasons. The organisation will continue to keep the complainant/appellant informed of the progress.

(OFFICE USE)

- Administration and/or nominee acknowledged complaint.
- Verified and signed by the Chief Executive Officer or his/her nominee.
- Student advised in writing - (Please give details below of person advising the student)

Name of person: _____ DATE: _____

Number of days taken to resolve the issue: _____