

STUDENT COMPLAINTS FORM

(Please refer to the Complaints and Appeals Policy and Procedure)

PERSONAL DETAILS		
Student ID:		Title (Circle) Mr Mrs Miss
Surname:		
First and middle names		
CONTACT DETAILS		
Current valid residential address:		
Contact phone number:		
Email address:		
COMPLAINTS DETAILS		
(Reason for this complaint – please tick)		
<input type="checkbox"/> Trainer/Assessor (please provide name): _____ <input type="checkbox"/> Staff member (please provide name): _____ <input type="checkbox"/> Services (please specify) <input type="checkbox"/> Other		
Have you complained about this issue before?		
<input type="checkbox"/> Yes, date: _____ <input type="checkbox"/> No		
COMPLAINTS SUMMARY		
(Please outline the reasons for your appeal and attach any evidence to support your appeal.)		

OUTCOME OF THE COMPLAINTS

STUDENT ACKNOWLEDGEMENT

I certify that the information provided is true and correct to the best of my knowledge.

Signature:

Date:

PRIVACY NOTICE

The information provided on this form will be used exclusively to resolve your complaint. None of the information you provide on this form will be discussed to anyone outside of the Academy without your permission, unless we are required to do so by law.

OFFICE USE ONLY

Receiving staff member:		Date:	
Complaint outcome:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
I confirm all required action/s are completed and student informed of the outcome: <input type="checkbox"/> Yes <input type="checkbox"/> No			
RTO Officer' name:		Date:	
Signature:		Scanned & Filed:	<input type="checkbox"/> Yes <input type="checkbox"/> No