

Registered Number



Complaint, Grievance or Appeal Form

Complaint (Delete if not applicable)		Grievance (Delete if not applicable)		Appeal (Delete if not applicable)	
Name					
Student Number		Date			
Address					
Postcode		Contact Telephone Number			
Details: (Include Date, Time, Location)					
Any other persons involved:		Yes	No	Who: (Name & Contact details)	
Were there any people injured?		Yes	No	If Yes: Please describe-	
Was there any property damage?		Yes	No	If Yes: Please describe-	
Were there any witnesses		Yes	No	If Yes: Names and contact details	
What action do you propose for the RTO to take that would be acceptable to you to resolve the issue?					
(If no mutually acceptable action can be agreed to resolve the complaint write 'No Agreement')					

Complainant (Signature)		Authorised Officer (Signature)	
RTO Representative (Signature)		Position	
Date		Date	

This section is to be removed and given to the Applicant

Registered Number



The lodgement of this Complaint / Grievance / Appeal is acknowledged by Career Development and Training and action will be taken as described in our relevant policy.

.....
Career Development and Training Representative Name and Signature

.....
Date