

RTO (45602)

Complaints/Feedback Form

1. Your Contact Details

Family Name: Given Name:

Organisation:

Address:

Suburb: Post Code:

Phone: (hm) (wk) (mobile)

2. Are you (please tick box)

Learner Workplace RTO staff member Other

Other (Please specify)

3. Is the feedback or complaint about an action of (please tick box and give details)

Learner

RTO staff member

RTO systems & Processes

Workplace (for practicum Placement if applicable)

Other

4. Have you discussed your matter with a person the complaint is addressed at?

Yes No – go to Question 5

If yes when? Who dealt with the matter?

What was the result?

5. Please give details of your feedback or complaint and the outcome you are seeking. ***Please provide all relevant details. You may wish to attach further documentation.***

Date:

Signature: