

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: