Complaints and Feedback Form

Your contact details

|  |  |  |
| --- | --- | --- |
| **Family Name:** |  | |
| **Given Name:** |  | |
| **Organisation:** |  | |
| **Address:** |  | |
| **Phone:** | **Home** |  |
|  | **Work** |  |
|  | **Mobile** |  |

Are you (please tick box)

|  |  |  |  |
| --- | --- | --- | --- |
| Learner | Workplace | RTO Staff member | Other |
| Outline other: |  | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learner | RTO systems/process | RTO Staff member | Workplace practicum | Other |
| Outlined Other: |  | | | |

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

|  |  |
| --- | --- |
| YES | NO – go to Question 5. |

What was the result?

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

Sign off

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Signature:** |  | **Date:** |  |