

Complaint Form

Please ensure you have read our

[P-022 Complaints Policy & Procedure](#) before completing this form.

COMPLAINT APPEAL

Personal Details	
Full Name (Block Letters)	
Mobile Number	
Email	

Details of Complaint:

Date of occurrence: _____

Reason for your complaint/appeal:

Occurrences leading to this submissions (outline any steps taken prior to your formal complaint or appeal):

Details of parties involved (include full name and position):

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Outcomes you are seeking from this process:

Declaration
By signing this form, I certify that the information provided is true and correct.
Printed Name: _____
Signature of Student: _____ Date: _____

OFFICE USE ONLY			
Indicate outcome of process and action taken			
RTO Officer		Date	