



Complaint/Appeal Form

Please ensure you have read

P-022 Complaints Policy & Procedure before completing this form

COMPLAINT APPEAL

Complainant Details	
Full Name (Block Letters)	
Mobile Number	
Email	

Details of Complaint:

Date of occurrence: _____

Nature of your complaint/appeal:

Occurrences leading to this submission (outline any steps you have taken prior to your formal complaint/appeal):

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



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Outcome sought from this process:

Declaration

By signing this form, I confirm that the information provided is true and correct.

Complainant Signature: _____ Date: _____

OFFICE USE ONLY

Indicate outcome and any continuous improvement implemented

RTO Representative

Date