

Complaints & Appeals

1. Person Details	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss
Full Name								
Mobile:								
Course Attended				Date of Course				
Trainer's Name								

2.
Complaint / Appeal Details

Students Name:		Students Signature:	×
----------------	--	---------------------	---

Office Use Only: This section is to be completed by the director and signed of by both the director and the trainer involved in the complaint.

3. Complaint / Appeal Resolution Details

4. Gaps in RTO performance identified

5. Strategies for further improvements

Complaint/Appeal has been satisfactorily resolved:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

Further action required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------	--------------------------	-----	--------------------------	----

6. Other Comments

Trainers Name:		Trainers Signature:	× _____
Directors Name:		Directors Signature:	