



Office use only

Complaint received by:	<input type="checkbox"/> Phone	<input type="checkbox"/> Email (Attached)
	<input type="checkbox"/> Fax	<input type="checkbox"/> In person
Complaint type:	<input type="checkbox"/> Complaint	<input type="checkbox"/> Appeal
(If complaint received via telephone)		
I agree I have recorded an accurate description of the complaint / appeal		
Signature:	Date:	
Staff member Name (print):		

Action Taken

Date and details of how the trainee was advised of the outcome

RTO Management Signature:

Privacy Notice: The information provided on this form will be used by our organisation to follow up your complaint. The information may be provided to staff who are in a position to remedy your complaint; or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.

