

COMPLAINTS FORM

Purpose:

This form enables students to formally raise a complaint about any aspect of their experience at the RTO, including training, staff conduct, or administrative processes. It ensures transparency, procedural fairness, and resolution of complaints in line with the National Code 2018 (Standard 10) and the Standards for RTOs 2025 (Standard 2.7). It also supports internal review and continuous improvement through documentation and escalation.

Instructions:

1. Students must complete all personal and course details.
2. Select the relevant complaint category and describe the issue clearly, including any steps already taken to resolve it informally.
3. Attach any supporting documentation or evidence that may assist in assessing the complaint.
4. Outline the desired resolution or outcomes expected.
5. Submit the signed form to the Administration Manager either in person or via the listed email.
6. The complaint will be acknowledged in writing, assessed, and a response provided as per the Complaints and Appeals Policy and Procedure.
7. Office staff must complete the outcome section, record actions taken, and raise a Continuous Improvement Form (CIF) where applicable.



Name:		Student ID no:
Email:		Phone:
Course:		
Complaint	Reason for complaint – please tick <input type="checkbox"/> trainer (please provide name) <input type="checkbox"/> staff member (please provide name) <input type="checkbox"/> Services (please specify) <input type="checkbox"/> Other	
Describe the nature of the complaint:	Attach any supporting evidence or documentation	
Describe any efforts made to resolve the issue:		
What outcomes are you seeking or expect?		
Are there any areas in which we can improve our systems in the future?		
By signing this form, I certify that the information provided is true and correct.	Date:	
Signature:		

Office Use Only			
Receiving staff member			
Date			
Complaint outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful		
Date student advised of outcome.....			
Detail action taken:.....			
Continuous Improvement Form (CIF) raised: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date CIF raised:	
CIF raised by:			
Signed:		Date:	
CIF received by the Administration Manager <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIF no:	
Signature of the CEO:		Date:	