

COMPLAINTS FORM (FOS-001)



RDP TRAINING RTO 91541

YOUR DETAILS:

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.	<input type="checkbox"/> Other
FIRST NAME		LAST NAME		
MOBILE		EMAIL		
RESIDENTIAL ADDRESS		FLAT/UNIT NUMBER OR PROPERTY NAME		
STREET NUMBER		STREET NAME		
SUBURB/TOWN		POST CODE	STATE	
<input type="checkbox"/> Student (current or past)		<input type="checkbox"/> Employee	<input type="checkbox"/> Trainer	<input type="checkbox"/> Other

COMPLAINT DETAILS: Outline your complaint and the outcome you are seeking.

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ACTION ALREADY TAKEN: Provide details of who you have discussed your complaint with and the outcome.

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PRIVACY NOTICE: The information provided on this form will be only used to follow up your complaint. It will be stored securely, and you may correct any personal information provided at any time by contacting us.

Signature of complainant: Date:

FOLLOW UP ACTION TAKEN:

Date initial Complaint was received
Logged onto the Complaints Register by:
Investigating Staff Member (Head Trainer):
Notes/Resolution:
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.....
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.....
 Written Response sent to Complainant (*attach copy*)
Signature: Date:

FOLLOW UP ACTION TAKEN: (INTERNAL APPEAL)

Date Internal appeal was received.....
Logged onto the Complaints Register by.....
Investigating Staff Member (CEO):
Notes/Resolution:
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 Written Response sent to Complainant (*attach copy*)
Signature: Date:

FOLLOW UP ACTION TAKEN: (EXTERNAL APPEAL)

Date officially notified of External Appeal
External Appeal lodged with
Logged onto the Complaints Register by.....
Investigating Staff Member (CEO):
Notes/Resolution:
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.....
.....
 Written Response sent to Complainant (*attach copy*)
Signature: Date: