Complaints Form

Name of Student: _____

Address: _____

Phone Number: _____

Email Address: _____

Course: _____

Date of Complaint: _____

Details of Complaint:
(Please attach additional pages if required)

Resolution Action:
(Please indicate what outcome you are seeking)

Student Signature: _____

Date: _____

To be completed by the RTO

Action to be taken to address the complaint:

Action taken by: _____ Date: ____/____/_____

Student Notified of Outcome: ☐Yes

Student Notified via: ☐Email ☐Letter Date: ____/____/_____

Complaint Review

Person Reviewing: _____ Review Date: ____/____/_____

Agreed Action Complete and Complaint Effectively Dealt With: ☐Yes ☐No

If no, detail further action(s) to be taken:

Signature: _____ Date: ____/____/_____

Assessment Result Appeal Form

Name of Student: _____

Contact Details: _____

Name of Assessor: _____

Date of Assessment: _____

Unit(s) under appeal: _____

Reason for Appeal:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Have you requested the assessor(s) to reconsider the decision?

Yes / No

Candidate Signature: _____

Date: / / _____

Office use:

Date received: / / _____

Name: _____

Received by signed: _____

Copy forwarded to: _____

To be completed by the RTO

Assessment Result Review Process:

Reviewed by: _____ Date: ____/____/_____

Reviewed by: _____ Date: ____/____/_____

Student Notified of Outcome: ☐ Yes

Student Notified via: ☐ Email ☐ Letter Date: ____/____/_____

Student Satisfied with Outcome: ☐ Yes ☐ No

If no, detail further action(s) to be taken:

Signature: _____ Date: ____/____/_____