

Complaints Form

Name of Student:	
Address:	
/ ddi C55.	
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:	
	EmployEase Pty 1td is a Registered Training Organisation – RTO 6832



o be completed by the R	то		
Action to be taken to add	ress the cor	mplaint:	
ction taken by:			Date:/
tudent Notified of Outcome			
tudent Notified via:		Letter	Data: / /
tudent Notified Via:	Email		Date:/
omplaint Review			
erson Reviewing:			Review Date://
greed Action Complete and	Complaint E	ffectively Dealt Wit	h: 🗆 Yes 🔲 No
no, detail further action(s)			
· · · · · · · · · · · · · · · · · · ·			
ignature.			Date://
Bildtare:			
ignature:			



Assessment Result Appeal Form

Name of Student	:			
Contact Details:				
Name of Assesso	r:			
Date of Assessme	ent:			
Unit(s) under app	peal:			
Reason for Appe	al:			
Yes / No	sted the assessor(s) to reconsider	the decision?	
Candidate Signat	ure:			
Date:		/ /		
Office use:				
Date received: Name:	/ /			
Received by signed:				
Copy forwarded to:				
	EmployEas		Training Organisation – I	
Version 2.1		Revision Date		Page 3 of /

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ssessment Result Review Process:	
eviewed by:	Date://
eviewed by:	Date://
udent Notified of Outcome: Yes	
udent Notified via:	Date://
udent Satisfied with Outcome: 🛛 Yes 🔹 No	
no, detail further action(s) to be taken:	
gnature:	Date://