**FT019 Informal Complaint Form**

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| **Name of Student:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Course:** |  |
| **Date of Complaint:** |  |

**Details of Complaint**

***(Please attach additional pages if required)***

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|  |

**Resolution Action (if relevant)**

***(Please indicate what outcome you are seeking)***

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| --- | --- |
| **Student Signature: (Optional)** |  |
| **Date:** |   |

**To be completed by the RTO**

**Action to be taken to address the complaint (if relevant):**

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**Action taken by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Student Notified of Outcome:** [ ] **Yes**

**Student Notified via:** [ ] **Email** [x] **Letter** [ ] **Online Form** [ ] **Form**

**Date: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Complaint Review**

**Person Reviewing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

**Agreed Action Complete and Complaint Effectively Dealt With:** [ ] **Yes** [ ] **No**

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

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|  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_**