Complaints/Appeals Form

Document Name and Number:	Version and Date:	Responsible Person:	Purpose and Comments:
Complaints/Appeals Form	January 2020/V1	CEO and/or nominee	Ensure compliance with Standards for Registered Training Organisations (RTOs) 2015

The RTO

- ☐ Facilities
- ☐ Resources
- ☐ Other _____

The Participant

- ☐ VET Program
- ☐ Harassment
- ☐ Appeal

RTO Staff

- ☐ Management
- ☐ Trainer/Assessor
- ☐ Administration

Third parties (please specify)

- ☐ Other _____
- ☐ Other _____

Name of person making complaint or appeal: …….

Details of Complaint or Appeal (Attach documentation or complete this section as necessary)

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Signature: _____ **_Date:** _____

Report – Trainer/Assessor or Nominated Person

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Signature: _____ Date: _____

NB – If the complaint/appeal is considered to take more than 60 calendar days, then the organisation will inform the complainant/appellant in writing and include reasons. The organisation will continue to keep the complainant/appellant informed of the progress.

(Please tick)

❒ Trainer/assessor/another person acknowledged complaint/appeal.

❒ Verified and signed by the CEO and/or nominee.

❒ Complainant/appellant advised in writing - (Please give details below of person advising the participant)

Name of person: _____ DATE: _____

Number of days taken to resolve the issue ___