



Document Name and Number:	Version and Date:	Responsible Person:	Purpose and Comments:
Complaints/Appeals Form	01/10/2023/v2		

Complaints/Appeals Form

RTO Staff

- Management
- Trainer/Assessor
- Administration

The Participant

- Harassment
- Appeal

The RTO

- Facilities
- Resources
- Other

Third parties (please specify)

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Students Name:

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

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Participant's Signature: _____ **Date:** _____

Report – Trainer/Assessor or other 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.
- Verified and signed by the Training Manager or nominee.
- Participant advised in writing - (Please give details below of person advising the participant)

Name of person: _____ DATE: _____

Number of days taken to resolve the issue _____