

RTO STUDENT COMPLAINT FORM

DATE			
NAME OF STUDENT			
CONTACT DETAILS			
DATE OF INCIDENT			
COMPLAINT DETAILS			
STUDENT SIGNATURE			
PROPOSED SOLUTION (RESPONSE FROM MANAGEMENT)			
DATE OF ADVICE TO COMPLAINANT:			
REFERRED TO INDEPENDENT ADJUDICATION	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	
RESOLVED	<input type="checkbox"/> Yes <input type="checkbox"/> No	DATE	
RTO COO - TRAINING SIGNATURE			