



STUDENT DETAILS

Student Name:			
Student signature:		Date:	
Unit Name:		Unit Code:	
T/A Name:			

This form is to be completed in detail so we can continually improve our training and delivery. All information provided is kept private and confidential, scanned and kept on your file. ALL COMPLAINTS ARE TAKEN SERIOUSLY AND ARE INVESTIGATED ACCORDING TO PROCEDURE AND LEGISLATION.

*Once completed this form please either hand or email form to info@licenceme.com.au. This form will be processed within **14 days** of receipt of this form. A letter will be sent upon both parties coming to a mutual agreement.*

Type: **Complaint** **Appeal**

Trainer/Assessor **Training material** **NVR RTO** **Employee/Workplace**

DETAILS OF COMPLAINT OR APPEAL



OFFICE USE ONLY

Is further corrective or preventive action required?

No

Yes

(Finalised)

Signature: _____

Date: __/__/__

ACTION TO BE TAKEN TO PREVENT RECURRENCE

Signature: _____ Title: _____ Date: _____ Review Date: _____

DETAILS OF EFFECTIVENESS / REPORT FINALISED

Signature: _____ Title: _____ Date: _____

IMMEDIATE ACTION TO CORRECT PROBLEM / ADDRESS COMPLAINT

Signature: _____ Title: _____ Cost: \$... Date: __/__/__

Student complaint is resolved

No

Yes

Student Signature: _____

Date: __/__/__

Is further corrective or preventive action required?

No

Yes

(Finalised) by RTO rep name: _____

Signature: _____

Date: __/__/__