

Legend
OM = RTO Operations Manager
GM = General Manager Membership and Industry Development
Del = Delegated person

Complaint/Appeals Form

Name: _____
Address: _____
Phone: _____
Course Name: _____
Grievance Type: Assessment Appeal Complaint
Date: _____

Describe the complaint/appeal including what happened, when, where and the names of those involved:

Describe desired outcome of appeal / complaint i.e. what you would like to happen next:

If you are appealing a current assessment indicate if you wish to request a reassessment

- OM: Complaints register updated
- OM: Delegated to: _____
- OM/Del: Phones complainant – record of conversation attached Date: _____
- Confirmation of Appeal/Compliant** letter sent copy attached Date: _____

Phase 1 Investigation Details | Rationale and Recommendation

OM/Del: **Agreed Outcome Letter** sent to complainant copy attached Date : _____

Phase 1 Accepted Rejected by complainant copy attached or
note of phone call below

Date: _____
:

OM: Complaints register updated

Escalation to GM required

Date: _____

Escalation to General Manager

GM: Phones complainant – record of conversation
attached

Date: _____

GM: Confirmation Letter sent to Student copy attached

Complaints register updated

Phase 2 Investigation Details | Rationale and Recommendation

GM: **Agreed Outcome Letter** sent to complainant (copy attached)

Date: _____
:

Phase 2 Accepted Rejected by complainant (copy attached or
note of phone call below)

Date: _____
:

Complaints Register Updated

Escalation to 3rd Party required see notes below

Date: _____