

Legend

OM = RTO Operations Manager

GM = General Manager Membership and Industry

Development

Del = Delegated person

	Complaint/Appeals Form			
Name:				
Address:				
Phone:				
Course Name:				
o :				
Grievance Type:	Assessment Appeal	Complaint		
Date:				
Describe the compla involved:	aint/appeal including what happened, wh	nen, where and the names of those		
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 re	egister updated			
OM: Delegated to:				
	complainant – record of conversation attach	ned Date:		
_	Appeal/Compliant letter sent copy attached			
Phase 1 Investigation Details Rationale and Recommendation				
OM/Del: Agreed (Dutcome Letter sent to complainant copy a	attached Date		

Phase 1 Accepted Rejected by complainant copy attached or note of phone call below				
OM: Complaints register updated				
Escalation to GM required				
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 3 rd Party required see notes below	Date:			