



## Complaints Form

*Note: By completing this form, you will be lodging a formal complaint.*

SECTION 1 – Personal Details			
<b>Name:</b>		<b>Title:</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
<b>Address:</b>		<b>Postcode:</b>	
<b>Email:</b>		<b>Telephone / Mobile:</b>	

SECTION 2 – Course / Unit/ Module Details			
<b>Code / Title:</b>		<b>Date:</b>	/ /

SECTION 3 – Complaint Details			
Please tick the following areas to which your complaint relates:			
<input type="checkbox"/> Training Materials	<input type="checkbox"/> Assessment Materials	<input type="checkbox"/> Services provided	
<input type="checkbox"/> Training Facilities	<input type="checkbox"/> Assessment Facilities	<input type="checkbox"/> Personal conflict/Behaviour	
<input type="checkbox"/> Training Content/information	<input type="checkbox"/> Assessment Environment	<input type="checkbox"/> Discrimination	
<input type="checkbox"/> Training Environment	<input type="checkbox"/> Assessment Location	<input type="checkbox"/> Victimization	
<input type="checkbox"/> Training – Other	<input type="checkbox"/> Assessment - Other	<input type="checkbox"/> Privacy Breach	
<input type="checkbox"/> Other:			
Does your complaint involve another person (e.g. Trainer/Assessor/other student)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide their name:			
Does your complaint involve witnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:			
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Tel/Mobile:</b>		<b>Tel/Mobile:</b>	



Please outline the nature/circumstances of your complaint:

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What actions have you taken, in an attempt to resolve this matter:

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What action/resolution would you like to see occur/implemented:

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**SECTION 4 – Complainant Declaration**

I have read and understand the Rosehill College Complaints Policy and I declare that the other party to the complaint may be contacted in an attempt to resolve the issue. I agree that Rosehill College may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further.

<b>Signature:</b>		<b>Date:</b>	/	/	
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**Office Use Only**

<input type="checkbox"/> Complaints Form Received (Admin)	<b>Initial:</b>		<b>Date:</b>	
<input type="checkbox"/> Complaint recorded (Register)	<b>Initial:</b>		<b>Date:</b>	
<input type="checkbox"/> Letter of Acknowledgement sent	<b>Initial:</b>		<b>Date:</b>	
<input type="checkbox"/> Complaint Forwarded to RTO Administrator	<b>Initial:</b>		<b>Date:</b>	

**Note: Use “Complaints Progress Form” to record further actions regarding this Complaint.**