



Complaint Report Form

Complainant's name _____

Residential address: _____

Postal address: _____

Phone number/s: _____

VET program: _____

By completing this form you will be lodging a formal complaint.

Thank you for taking the time to notify us of your concern. Your feedback is valued and we anticipate your complaint will be resolved within 60 days.

Please detail the grounds of your complaint, providing as much detail as possible.

Details of complaint:

Signature: _____ Date: _____

Complete this side only and return to VET Quality Assurance Manager, A/Principal or Principal.

A copy will be provided to you at this time.

Date lodged: _____	Received by: _____	(signature)
	Copy received by student: _____	(student signature)

Complaint must be investigated by a minimum of two of the following personnel - QA Manager, AP or Principal.

Action Taken:

Names of Investigating Personnel

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Specify continuous improvements based on complaint:

Copy of completed *Complaint Report Form* to be retained at site

Date complainant provided with copy of completed *Complaint Report Form*: _____

Date original *Complaint Report Form* filed with EOs: _____