

Complaints and Appeals Form

Learning Partnerships



For further information, refer to the Learning Partnerships Complaints and Appeals Policy and Procedures.

- COMPLAINT
- APPEAL

YOUR PERSONAL DETAILS

Surname	<input type="text"/>	Title	<input type="text"/>
Given Name	<input type="text"/>		
Address	<input type="text"/>		
Contact phone number	<input type="text"/>		
Email Address	<input type="text"/>		

YOUR PERSONAL DETAILS

Course/Program Title	<input type="text"/>
Trainer/Assessor	<input type="text"/>

DETAILS OF YOUR COMPLAINT OR APPEAL

Date of occurrence

Reason for your submission / concern:

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Occurrences leading up to this submission: (Outline any steps taken prior to submitting your formal complaint or appeal.)

Details of any other parties involved: (Include full name and position)

Outcomes you are seeking from this process:

By signing this form, I certify that the information provided is true and correct.

Signature:

Date:

OFFICE USE ONLY:

Indicate outcome of process and action taken.

RTO OFFICER:

Date: