



Complaints Form

Please provide details of your complaint by returning or emailing this form to the College RTO Manager, Caitlin Coe – Caitlin.coe@bne.catholic.edu.au who will investigate and respond to you within seven (7) working days.

Section 1 – Your details

| | |
|------------------------|---|
| Title: | Mr / Mrs / Miss / Ms / Dr |
| Surname: | |
| Given Name/s: | |
| Postal Address: | |
| Phone: | |
| Email: | |
| Your Position: | Student: <input type="checkbox"/> Parent or Caregiver: <input type="checkbox"/> Registered Training Organisation: <input type="checkbox"/> <i>Employer</i> <input type="checkbox"/> <i>Teacher/Staff</i> <input type="checkbox"/> Industry Regulator: <input type="checkbox"/> Other (please specify): <input type="checkbox"/> |

Section 2 – Complaint details

This complaint is about:

Registered Training Organisation – Name:

Qualification/course name: _____

Please provide details regarding the complaint:

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Please provide details of the feedback and outcome you seek:

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Have you raised this issue previously?

Yes

No

If yes, when and with whom?

What was the result?

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Section 3 - Authorisation

I lodge this complaint in good faith and confirm that all information provided here is true and correct.

Signed: _____ Date: _____

| Office use only | |
|---|--|
| Complaint received: | |
| Complaint acknowledged within seven (7) days: | |
| Resolution reached and communicated within sixty (60) days: | |
| Complaints and Appeal Register updated: | |
| Continuous Improvement Register updated (if required): | |
| Signature: | |
| Date: | |