



## Complaints Form

Please provide details of your complaint by returning or emailing this form to the College RTO Manager, Lisa Sorensen – [ltran@bne.catholic.edu.au](mailto:ltran@bne.catholic.edu.au) who will investigate and respond to you within seven (7) working days.

### Section 1 – Your details

<b>Title:</b>	Mr / Mrs / Miss / Ms / Dr
<b>Surname:</b>	
<b>Given Name/s:</b>	
<b>Postal Address:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Your Position:</b>	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:**

**Please provide details of the feedback and outcome you seek:**

**Have you raised this issue previously?**

Yes

No

**If yes, when and with whom?**

**What was the result?**

### **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:	