

STUDENT DETAILS			
Student name			
Student signature		Date	
Unit name		Unit code	
T/A name			

*This form should be completed in detail to help us continually improve as an RTO. All information provided will be kept private and confidential, it will be scanned and kept on your file. All complaints are taken seriously, and will be investigated in line with procedural fairness and legislation.*

*Once completed, this form should be either handed to your trainer/assessor, or emailed to [info@ostengroup.com](mailto:info@ostengroup.com)*

*This form will be processed within **14 days** of being received.*

**Type:**    **Complaint**         **Appeal**

**Trainer/Assessor**         **Training material**     **NVR R.T.O**         **Employee/Workplace**

DETAILS OF COMPLAINT OR APPEAL

**OFFICE USE ONLY**

Is further corrective or preventive action required?

 No 

 Yes 

(Finalised)

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

**ACTION TO BE TAKEN TO PREVENT RECURRENCE**

[Large empty space for action to be taken to prevent recurrence]

Signature: ..... Title: ..... Date: ..... Review Date: .....

**DETAILS OF EFFECTIVENESS / REPORT FINALISED**

[Large empty space for details of effectiveness / report finalised]

Signature: ..... Title: ..... Date: .....

**IMMEDIATE ACTION TO CORRECT PROBLEM / ADDRESS COMPLAINT**

[Large empty space for immediate action to correct problem / address complaint]

Signature: ..... Title: ..... Cost: \$... Date: \_\_/\_\_/\_\_

Student complaint is resolved

 No 

 Yes 

Student Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Is further corrective or preventive action required?

 No 

 Yes 

(Finalised) by RTO rep name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_