



STUDENT COMPLAINT/APPEALS FORM

VET STUDENT DETAILS

Student Name:			
Student signature:		Date:	
Unit Name		Unit Code	
T/A Name:			

This form is to be completed in detail so we can continually improve our training and delivery. All information provided is kept private and confidential, scanned and kept on your file. ALL COMPLAINTS ARE TAKEN SERIOUSLY AND ARE INVESTIGATED ACCORDING TO PROCEDURE AND LEGISLATION.

*Once completed this form please either hand or email form to info@cmtraining.com.au This form will be processed within **14 days** of receipt of this form. A letter will be sent upon both parties coming to a mutual agreement.*

- Type: Complaint Appeal
- Trainer/Assessor Training material NVR RTO Employee/Workplace

DETAILS OF COMPLAINT OR APPEAL

OFFICE USE ONLY

14 Day process

IMMEDIATE ACTION TO CORRECT PROBLEM/ADDRESS COMPLAINT/APPEAL

Cost: \$...

Signature:..... **Title:**..... **Date:** __/__/



STUDENT COMPLAINT/APPEALS FORM

ACTION TO BE TAKEN TO PREVENT RECURRENCE

Signature: Title: Date: Review Date:

DETAILS OF EFFECTIVENESS/REPORT FINALISED

Signature: Title: Date:

The 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: ____/____/____/