

**Complaint Report Form**

Complainant’s name

Residential address:

Postal address:

Phone number/s:

VET program:

**By completing this form you will be lodging a formal complaint.**

Thank you for taking the time to notify us of your concern. Your feedback is valued and we anticipate your complaint will be resolved within 60 days.

*Please detail the grounds of your complaint, providing as much detail as possible.*

**Details of complaint:**

Signature: Date:

**Complete this side only and return to VET Quality Assurance Manager, A/Principal or Principal.**

**A copy will be provided to you at this time.**

Date lodged: Received by: (signature)

 Copy received by student: (student signature)

*Complaint must be investigated by a minimum of two of the following personnel - QA Manager, AP or Principal.*

**Action Taken:**

Names of Investigating Personnel

Name: Signature: Date:

Name: Signature: Date:

Specify continuous improvements based on complaint:

Copy of completed *Complaint Repot Form* to be retained at site

Date complainant provided with copy of completed *Complaint Report Form*:

Date original *Complaint Report Form* filed with EOs: