KAL TRAINING
RTO NO. 20815

Complaints and Appeals Form

Complaint ☐ Appeal ☐

Full Name: _____

Date:_____

Phone:_____ Email:

_____

Your Training Program

Course/Program Title:

_____

Trainer/Assessor:

_____

DETAILS OF YOUR COMPLAINT OR APPEAL

Date of Occurrence:

Reason for your submission/concern:

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Occurrences leading up to this submission: (Outline any steps taken prior to submitting your formal complaint or appeal.):

Outcomes you are seeking from this process:

Declaration

By signing this form, I certify that the information provided is true and correct to the best of my knowledge.

Student Signature	

OFFICE USE ONLY:

The following administrative actions must be completed once the form has been submitted.

Action	Date	Initial
Complaints and Appeals Register completed		
Form filed in VetTrak and 10 day follow up set		
Written acknowledgement provided to the complainant/appellant		
Submission referred to appropriate staff for handling		
Outcome provided (within 10 day due date)		
Outcome details provided to the complainant in writing		

Complaints and Appeals Form

Outcome details documented and provided for Management/Administration review meeting		
Outcomes and further action required will be recorded on the Complaints and Appeals Register		
Action added to the Continuous Improvement Register (as required)		