

COMPLAINT FORM

Your Details**Date:****Full Name:****Contact Details:****Phone****Address****Email**

Please indicate which of the following applies to you

- Current student
- Staff member
- Workplace or employer
- Partner organisation
- Other (Please specify) _____

Please provide reasons for your complaint in as much details as possible. You may attach additional pages and supporting evidence as needed.

How do you feel we can resolve your complaint?

Signed:

Date:

FOR OFFICE USE ONLY:

Date Received

Date Acknowledged

Date of Response

Please email completed form to RTO Compliance & Quality Supervisor rtocompliance@weestrac.com.au