



# 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: \_\_\_\_\_