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COMPLAINTS AND APPEALS FORM

Suite 1/19 Short Street, Southport QLD 4215 1800 367 732 | www.gcinstitute.qld.edu.au | RTO 40623

Student Name _____ Student ID _____

Address

Phone _____ Email _____

Date of incident _____

Type of incident Complaint Assessment Appeal
 Internal Appeal External Appeal

Details

The expected resolution date will be fifteen (15) working days from the date of lodgement unless otherwise agreed by both parties.

Student signature _____ Date _____

RTO USE ONLY

Complaint/Appeal by the student was Successful Unsuccessful

Student notified in writing and record placed in student’s file Yes No

Complaints and Appeals Log updated Yes No

RTO Representative

Position

Date



COMPLAINTS AND APPEALS FORM

To be completed by RTO if taken to this level:

Name of Arbitrating Body _____

Name of Arbitrating Body Representative _____

Contact details _____

Comments

External Complaint/Appeal by the student was Successful Unsuccessful

Student notified in writing and record placed in student's file Yes No

Complaints and Appeals Log updated Yes No

RTO Representative

Position

Date