

Complaints and Appeals Form

Please select the applicable Registered Training Organisation						
Everthought College of Construction (RTO) (RTO Code: 51681 CRICOS Code: 02898C)						
Everthought Education (ETE) (RTO Code: 32438)						
Personal Details						
Title	□ Mr	□ Ms	🗆 Mi	ss 🗆 Mrs	🗆 Dr	□ Other
Given Name				Surname		
Student Number				Phone Number		
Date of Birth				Email address		
Address						
State				Postcode		
Course Code and Name:				1050000		
		N	-h-d-t-1		1	······
Details of the complaint nature of your dissatisfaction. At			ch detail as po	ssible including any da	ites, person/s involved,	, names of any witnesses and the
What have you done to	try and roce	lvo thic comple	int or ann			
What have you done to	try and resc	nve this comple	ant or app	edi		
What outcome are you	seeking? Do	you have a sug	ggested re	solution for the _l	problem?	
Do you have a support person who you would like to assist you should we need to interview you? Please provide their details here.						
Name			R	elationship		
email				/lobile		
Do give permission for this person to receive copies of all correspondence relating to your complaint or appeal (including correspondence which may contain your personal information)?						



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I confirm that I have read and understood the Complaints & Appeals Policy and Procedure. I agree that all information provided in this form is true and correct.				
Signature		Date		
Office Use Only				

Receiving Officer De	etails		
Name		Position	
Signature		Date	
Notes submitted by	receiving officer		

Details of the investigation

Investigation/ Decision outcome

Decision Notification

Outcome letter provided to Complainant	Date:		
Where applicable has the following been	Date	Signature	
Record management register updated	🗆 Yes 🗌 No 🗌 N/A		
Student management system updated	🗆 Yes 🗌 No 🗌 N/A		
PRISMS updated	🗆 Yes 🗆 No 🗆 N/A		
Accounts notified of change	🗆 Yes 🗌 No 🗌 N/A		
Trainer notified of change	🗆 Yes 🗆 No 🗆 N/A		
Any comments:			