

Attention: The Operations Manager/ State Manager complaints@ash.edu.au

Name of person making the complaint		Date	
Workplace (if applicable)			
RTO Name where enrolled			
Course enrolled in			
Trainer			
Details of the complaint			
Please provide all details that have led to you making this complaint, including all steps you have taken so far to resolve the issue			

What do you want to occur as a result of your complaint? That is, what do you want as the overall outcome?

This Section is to be completed by RTO Personnel only:

Received by:

Print Name	Position	Date	Signature

Referred to:

Print Name	Position	Date	Signature

aXcelerate Complaint Record

Date complaint record entered into aXcelerate:	
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Record of any conversation with the Complainant

Conclusion:

Was the complaint resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the recommendation feasible and maintainable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this complaint occur on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summary of actions taken and to be made		