

Complaint Report Form

Complainant's name _		
Residential address:		
Postal address:		
Phone number/s:		
VET program:		
Ву сс	ompleting this form you will be lodging a form	al complaint.
Thank you for taking the complaint will be resolution	ne time to notify us of your concern. Your feedback ved within 60 days.	is valued and we anticipate your
Please detail the grounds Details of complaint	s of your complaint, providing as much detail as possible.	
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Signature:	Date:	
Complete this side of Principal.	only and return to VET Quality Assurance Ma	nager, A/Principal or
A copy will be provi	ded to you at this time.	
Date lodged:	Received by:	(signature)
	Copy received by student:	(student signature)

Action Taken:		
Names of Investigating Perso	onnel	
Name:	Signature:	Date:
Name:	Signature:	Date:
Specify continuous improver	nents based on complaint:	
Copy of completed Complain	nt Repot Form to be retained at site	
Date complainant provided v	with copy of completed Complaint Report Fo	orm:
	rt Form filed with EOs:	