

Complaints Handling Form

Student Details	
Student ID:	
Student Name:	
Course:	
Group:	
Date:	
Complaint Details	
Department/Person: <i>Please tick which department/person you need to assist you with your problem.</i>	<input type="checkbox"/> Administration <input type="checkbox"/> Marketing <input type="checkbox"/> VET/Academic <input type="checkbox"/> Accounts <input type="checkbox"/> Student <input type="checkbox"/> Other
Pivotal Training and Development staff:	
Complaint Details:	
Expected or Requested Outcomes:	
Student Signature:	
Date:	

Form	Complaints Handling	Version #	1	Effective Date	September 2017	Created for	PIVOTAL TRAINING & DEVELOPMENT RTO 90272
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Interview Notes	
Discussion:	
Actions/Due Date(s):	
Changes to improve Pivotal Training and Development systems to avoid these situations in the future:	
Could this matter require escalating to appeals process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pivotal Training and Development Staff Signature:	
Student Signature:	
Date Finalised:	
Office Use Only	
Details Entered:	<input type="checkbox"/> VET Trak <input type="checkbox"/> Student file <input type="checkbox"/> Complaints Register

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