



RTO COMPLAINT FORM

STUDENT DETAILS

Name:	
Student id:	Contact number:
Email address:	
Course Title:	
Trainer / Assessor:	

DETAILS OF COMPLAINT

Date of occurrence:
Reason for your submission:
Occurrences leading up to this submission:
What outcomes are you seeking or expect?
Can we improve our system to avoid these situations in the future?

DECLARATION

By signing this form, I certify that the information provided is true and correct.	
Signature:	Date:

Please send the completed credit transfer application, together with supporting documents to:

rto@acn.edu.au