## **Complaint Form**

Note: By completing this form, you will be lodging a formal complaint.

We thank you for taking the time to notify us of your concern. We value your feedback and hope to be able to resolve your complaint as soon as possible.

You will receive a confirmation receipt within 5 working days.

Date	Click here to enter text.		
Name	Click here to enter text.		
Contact Numbers	Click here to enter text.		
Please detail your concern in full, giving as much detail as possible			
Click here to enter text.			
Signature			

## OFFICE USE ONLY

Received by		Complaints Number Issued		
Date		Given to RTO Manager		
Date written acknowledgement forwarded		Ву		
Date Issued		Follow up Date (NB: 60- day limit)		
Action Taken (meetings, investigation, interviews and formal hearings). Attach all documentation				
Note any referral to inde	ependent party or authority.			
		endations for action (improve	ement corrective or	
preventive actions)		endations for action (improve	inent, corrective or	

## Capalaba State College

Specify possible improvement based on complaint	
Date of finalisation or external referral	
Signature	Date
Entry into file	Date