

Registered Number

Complaint, Grievance or Appeal Form

Complaint (Delete if not applicable)		Grievance (Delete if not applicable)		Appeal (Delete if not applicable)	
Name					
Student Number			Date		
Address					
Postcode			Contact Telephone Number		
Details: (Include Date, Time, Location)					
Any other persons involved:	Yes	No	Who: (Name, Contact Details)		
Were there any people injured?	Yes	No	If Yes: Please describe-		
Was there any property damage?	Yes	No	If Yes: Please describe-		
Were there any witnesses	Yes	No	If Yes: Names and contact details		
What action do you propose for the RTO to take that would be acceptable to you to resolve the issue?					
(If no mutually acceptable action can be agreed to resolve the complaint write 'No Agreement')					

Complainant (Signature)		Authorised Officer (Signature)	
RTO Representative (Signature)		Position	
Date		Date	

This section is to be removed and given to the Applicant

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The lodgement of this Complaint / Grievance / Appeal is acknowledged by Medicus College and action will be taken as described in our relevant policy.

Medicus College Representative Name and Signature

Date

