



VOCATIONAL EDUCATION – Complaint Form

Student Name: _____ Date: _____

Subject: _____ Teacher: _____

Complaint Against: _____

Nature of complaint: (please use specific details, dates, names etc.)

Information written by student or to be transcribed by person taking complaint

Student's Signature: _____ Parent's Signature: _____

Complaint accepted by: _____ Date: _____

RTOM Use Only	
Complaint assigned to:	
Date:	
Date entered into Complaints and Appeals Register: <small>G:\Coredata\Curriculum\VE\TVQF\Complaints and Appeals\register of complaints and appeals.xlsx</small>	