**The Ipswich SHS RTO 30069**

**Complaints and appeals record form**

**Section 1: Your details**

**Date:**

**Title**  **Mr**  **Mrs** **Ms** **Other (specify) \_\_\_\_\_\_\_\_\_\_\_**

**Family name:**

**Given names:**

**Postal address:** **Post code:**

**Phone: (w):** **(h):**

**Email:**

**Section 2: Complaint details**

**Subject/qualification of study:**

**You are:**  **Making a complaint**  **Making an appeal**

**Please provide a detailed explanation of the complaint or appeal below:**

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| --- |
|  |

**Section 3: Authorisation**

**Privacy Notice**:

*The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.*

**Declaration**: I confirm that all the information provided above is true and correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***---------------------------------------Office use only------------------------------------------***

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| Date received: | Received by(print name clearly) ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Register Number : |  |