



Section 1 – completed by Complainant			
Date received:		Received by:	
		Signature of Receiving Officer:	
Name:			
Name of advocate (if applicable):			
Address:			
Contact Number:		Fax number (if applicable):	
Email:			
Relevant Program/Course:			
Trainer Name (if applicable):			
Nature of complaint:			
Complainant Signature:		Date:	
Complaint Action (if applicable):			
Signature of CEAV Institute representative:		Date:	

*On receipt, this form is to be signed and copied by a CEAV Institute staff member. Original to be given to the RTO Manager and other delegates, copy to be given to complainant for their reference.



Section 2 – to be completed by staff member handling complaint/grievance

Staff member name, completing section:

Name of advocate (if applicable):

Steps taken to resolve complaint/grievance:

[Large empty space for detailing steps taken to resolve the complaint/grievance]

Suggested Resolution:

[Large empty space for suggesting a resolution]

- Complainant advised of outcome in writing: Copy attached.
- Staff member advised of outcome in writing: Copy attached.

Signature of Complainant:		Date:	
Signature of Staff Member:		Date:	