Complaint Number:
C

Complaint Lodgment Form

Complete when wanting to formally complain about a LITA Training service or incident

Date of lodgement of the Complaint:

Name of Complainant (mandatory): **Ph/Mobile:**

Course (if relevant):

Course Start Date (f relevant): **Course End Date (if relevant):**

Details of Complaint
(Please enter as much detail as you can to assist LITA Training in addressing your concerns. You may attach additional sheets if required)

Date incident occurred:

Location incident occurred:

Persons involved (other than yourself):

Outline what occurred:

Were there any injuries, or damage to property? (Circle) **Yes** **No**

(If 'Yes') please describe the injuries or damage?

Were there any witnesses? (Circle) **Yes No**

(If 'Yes') Names:

Other relevant information you may wish to provide:

What, if any, response or action are you seeking or expecting?

I declare that I have provided all details in an accurate manner, to the best of my knowledge.

Complainant Name:

Date: Complainant Signature:

Please tick:

- ☐ ***I fully completed this Form.***
- ☐ ***This Form was completed on my behalf by _____***

Complainant Signature

Office Use Only

- ☐ **This complaint was acknowledged within 48 hours of receipt (copy attached).**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **The complainant has been notified in the event that it is expected that the complaint will require more than 60 days to resolve (copy attached)**.

  (Circle) YES NO N/A Initial of Authorised Officer:

- ☐ **The complaint has been entered on the Complaints & Appeals Register and Continuous Improvement Register and will be monitored to closure.**

  (Circle) YES NO Initial of Authorised Officer:

Date(s) Complaint Reviewed by:
Other parties involved (list):
Advice from all other parties about the matter requested (list parties and copies attached):
Advice from all other parties received (list parties and copies attached):
Decision Taken (with justification): **Name of RTO Delegate:** **Signed:** **Date:**

- ☐ **The complainant has received writing advice of this review outcome and their right to progress the review to an independent party (copy attached).**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **Student records have been amended (if appropriate).**

  (Circle) YES NO Initial of Authorised Officer:

Notification of Request for an independent Review received within 14 calendar days by the complainant. Yes / No **If no, completed complaint documentation with all evidence submitted to the CEO to include on the Complaints & Appeals File.** **date:** **Initial of Authorised Officer:**
If yes, resolution agency notified and date set for resolution session. **Date and time of session:** **Location:**

- ☐ **The complainant has received writing advice of this resolution session and their right to bring a third party (copy attached).**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **Post resolution session, the matter was resolved and a copy of the independent's decision is attached.**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **Complainant has received formal notification of this final decision (copy attached).**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **Student records have been amended (if appropriate).**

  (Circle) YES NO Initial of Authorised Officer:

- ☐ **Completed complaint documentation with all evidence submitted to the CEO to include on Complaints & Appeals File.**

  (Circle) YES NO Initial of Authorised Officer: