



Complaints Form (Client Form)

This form can be used by staff, learners, clients and/or stakeholders.

The RTO is subject to the Information Privacy Act 2012. The information on this form is collected for the purpose of identifying and handling your complaint. The RTO's procedures on Discrimination, Sexual Harassment, General Complaints/Grievances or Assessment Appeals of learners sets out the way in which your personal information will be used in handling your complaint.

Please note that all information you provide on this form will be kept in confidence and disclosed only to those directly involved in handling your complaint and to the Respondent, who will be provided with a copy of this completed form including your name (but not contact details). You have a right to access your personal information held by the RTO. Requests for access are handled under the Freedom of Information Act 1982. To view the RTO's information privacy policy please ask our Admin staff

Please Note: You are encouraged to discuss any concerns relating to possible incidents with our RTO Manager.

Important Information

By requesting the RTO to process my complaint I understand that a copy of this document will be forwarded to the Respondent(s) (the person I am complaining about).

Learner signature: _____ Date: _____

Completed Complaint Forms are to be lodged with the RTO Manager admin@optraining.com.au

About You (the person lodging the complaint)

Given Name:	Course you attended:
Family Name:	Location:
Preferred Name:	Contact Telephone No:
Male/Female/Other:	Email:
Learner ID No	

Who is the person(s) against who you are making the complaint? (If specific)

1	2
Given Name:	Given Name:
Family Name:	Family Name:
Male / Female / Other	Male / Female / Other
Staff / Student / Other e.g. Contractor, Visitor	Staff / Student / Other e.g. Contractor, Visitor
Location	Location

1. What is your complaint about? (Please detail each allegation describing the incident)

Discrimination Yes No - If yes, which ground?

Sexual Harassment Yes No

General Complaint or Grievance Yes No

Appeal on Assessment Yes No

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2. What was the alleged incident?

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IF INSUFFICIENT SPACE PLEASE USE ADDITIONAL PAPER

3. When did the alleged incident occur?(e.g. specific date, approximate date)

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4. Where did the alleged incident occur?

(e.g. Training rooms and address - building number/ room number, during classes, at a student event)

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5. What effect did the alleged incident have on you?

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6. Were there any witnesses to the alleged incident? YES NO

(e.g. Was anyone present at the time the behaviour or incident occurred? If yes can you provide details below?)

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7. Do you have any evidence of the incident? YES NO

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8. Have you lodged a complaint elsewhere in relation to this matter? YES NO If yes where?

(Please Note: If you have already lodged a complaint elsewhere, the RTO may consider it inappropriate to investigate this matter until any other complaint process or procedure has been completed)

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9. What would you consider to be a satisfactory outcome of this complaint?

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DECLARATION

I confirm that the information detailed on this complaint form is true to the best of my knowledge, information and belief.

Name _____ Date _____

Signed _____

Thank you for your feedback, we will investigate this complaint and report back to you within 5 days

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