



Complaint  
Number:  
**C**

# Complaint Lodgement 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:**

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**Course (if relevant):**

**Course Start Date (if 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**

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- 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:

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

- 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 General Manager 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 General Manager to include on Complaints & Appeals File.**

(Circle) YES NO Initial of Authorised Officer: