



Australian Vocational Training Institute

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COMPLAINTS FORM

Surname:	
First Given Name:	
Student ID:	
Course:	
Trainer / Assessor:	
Date of occurrence:	
Reason for your submission:	
Occurrences leading up to this submission:	
What outcomes are you seeking or expect?	
Can we improve our system to avoid these situations in the future?	

By signing this form, I certify that the information provided is true and correct.

Signed: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Outcome: Approved Not Approved

Comments: _____

Processed by: _____

Signature: _____ Date: _____