



RTO Complaints and Appeals Form

For further information refer to the *RTO Complaints and Appeals Policy and Procedure*

Please select:	COMPLAINT	APPEAL
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YOUR PERSONAL DETAILS	
Surname:	Title:
Given name:	
Address:	
Contact phone number:	
Email address:	
YOUR TRAINING PROGRAM	
Course / Program Title:	
Trainer / Assessor:	
DETAILS OF YOUR COMPLAINT OR APPEAL	
Date of occurrence:	
Reason for your submission / concern:	

Occurrences leading up to this submission:	Outline any steps taken prior to submitting your formal complaint or appeal.
Details of any other parties involved: (Include full name and position)	
Outcomes you are seeking from this process:	

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

Signed: _____ Date: ____ / ____ / ____

OFFICE USE ONLY:	Indicate outcome of process and action taken. RTO Officer: _____ Date: ____ / ____ / ____
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Your personal information is being collected to deliver AMSA's functions under the Australian Maritime Safety Authority Act 1990, the Navigation Act 2012 and/or the Marine Safety (Domestic Commercial Vessel) National Law Act 2012. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy (visit www.amsa.gov.au/privacy).