

Complaint Number

Complaint Lodgement Form

Complainant to complete when lodging a formal complaint

Date of lodgement of the complaint:

Name:

Course:

Course Start Date: **Course End Date:**

Ph/Mobile:

Details of Complaint

(Please enter as much detail as you can to assist Aurora TPS 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

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:
(Signature)

Date:

Office Use Only

- This complaint was acknowledged within 48 hours of receipt.**

(Circle) YES NO Initial of Authorised Officer:

- The complainee has been notified in the event that it is expected that the complaint will require more than 60 days to resolve.**

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

- This complaint has been entered onto Options Learning Services Continuous Improvement Register and will be monitored to closure.**

(Circle) YES NO Initial of Authorised Officer: