

What do you think needs to be done to fix the problem and prevent it happening again?

Would you like to be notified of the outcome of your Complaint or OFI?
(If Yes, please provide your name above and include your contact details (below))

Yes No

Address

Phone **Email**

Please hand this form to a staff member or send it to :
 RTO Manager, Health Skills Australia, Suite 5, 2 Nelson Street, Ringwood, Vic. 3134
 or fax to : (03) 9633 0198 or Level 4, 206 Bourke Street, Melbourne, VIC. 3000

OFFICE USE ONLY

<i>Received by (Signature RTO Manager)</i>		<i>Date</i>	
<i>Forward for investigation, action and report to</i>		<i>Date report required</i>	
<i>Date Report received and all action completed</i>		<i>Date initiator notified</i>	
<i>Closure – Signature</i>		<i>Date of closure</i>	
<i>ACTION Taken</i> <i>(NB: Staple All or any supporting documentation)</i>		<i>ACTION Taken by (print name)</i> <i>Date :</i>	