

# WISE DS RTO COMPLAINTS AND APPEALS FORM

For further information refer to the *RTO Complaints and Appeals Procedure*.  
Please complete and return to [contact@wisedrivingschool.com.au](mailto:contact@wisedrivingschool.com.au)

COMPLAINT  APPEAL

## YOUR PERSONAL DETAILS

Surname	<input type="text"/>	Title	<input type="text"/>
Given name	<input type="text"/>		
Address	<input type="text"/>		
Contact phone number	<input type="text"/>		
Email address	<input type="text"/>		

## YOUR TRAINING PROGRAM

Course/Program Title	<input type="text"/>
Trainer/Assessor	<input type="text"/>

## 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.

Signature

Date

**OFFICE USE ONLY:**

Indicate outcome of process and action taken.

**RTO Ref No:**  
[YYYY/No.]

RTO Officer:

Date