

NSW Health

Registered Training Organisation

**Complaint Form**

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| --- |
| Your Details |
| Date |  |
| Full Name |  |
| Contact Details | Phone |
| Address |
| Email  |
| Please indicate which of the following applies to you* Current student
* Staff member
* Workplace or employer
* Partner organisation
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Program Enrolled In *(For Current and Past Students Only)* |  |
| Please provide reasons for your complaint in as much details as possible. You may attach additional pages and supporting evidence as needed. |
| How do you feel we can resolve your complaint?  |
| Signed: | Date: |

***FOR OFFICE USE ONLY:***

|  |  |  |
| --- | --- | --- |
| Date Received | Date acknowledged | Date of Response |
|  |  |  |

Please scan and email to: HSNSW-RTO@health.nsw.gov.au