Logo

Description automatically generated

NSW Health

Registered Training Organisation

**Complaint Form**

|  |  |  |
| --- | --- | --- |
| 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