navitas
Health Skills Australia
keep learning

Complaint or Opportunity for Improvement Form

Please print in BLOCK LETTERS

We value your feedback. We are keen to learn about your ideas on how we can improve. We need to know if there is something you are dissatisfied with so we can help to resolve it and prevent it happening again. Confidentiality and privacy are assured.

1. Do you wish to make a...
(please tick which is applicable)

☐	Complaint: Something you are dissastisfied with
☐	OFI: Something with could be improved

2. Personal details

(Your name is optional, however we do need it if you have requested us to respond to you.)

Name:
Date:

3. Which category does your complaint or OFI best fit into? (please tick)

☐ Teaching
☐ Facilities
☐ Student behaviour
☐ Environmental issue
☐ Equipment
☐ Support services
☐ OHS
☐ Other

4. Are you...

☐ A student
☐ A staff member
☐ An external person

5. Do you consider yourself to have a...

☐ Disability
☐ Special learning need

6. Please summarise your Complaint or OFI and anything that has been done so far to deal with it.

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

8. Would you like to be notified of the outcome of your Complaint or OFI?

☐ Yes	☐ No
If Yes, please provide your name above and include your contact details below	
Address:	
Phone:	
Email:	

Please hand this form to a staff member or send it to:

RTO Manager
Health Skills Australia
Level 4, 206 Bourke Street,
Melbourne, VIC 3000.

OFFICE USE ONLY

Received by (Signature of RTO Manager):
Date: DAY / MONTH / YEAR

Forward for investigation, action and report to:
Date report required: DAY / MONTH / YEAR
Date report received and all action completed: DAY / MONTH / YEAR
Date initiator notified: DAY / MONTH / YEAR

Closure signature:
Date of closure: DAY / MONTH / YEAR

Action taken
(NB: Staple All or any supporting documentation)

Action taken by (print name)

Date: DAY / MONTH / YEAR