



## Complaints Form

### *Purpose:*

This form enables students to formally raise a complaint about any aspect of their experience at the RTO, including training, staff conduct, or administrative processes. It ensures transparency, procedural fairness, and resolution of complaints in line with the National Code 2018 (Standard 10) and the Standards for RTOs 2025 (Standard 2.7). It also supports internal review and continuous improvement through documentation and escalation.

### *Instructions:*

1. Students must complete all personal and course details.
2. Select the relevant complaint category and describe the issue clearly, including any steps already taken to resolve it informally.
3. Attach any supporting documentation or evidence that may assist in assessing the complaint.
4. Outline the desired resolution or outcomes expected.
5. Submit the signed form to the Administration Manager either in person or via the email [studentservices@globalinstitute.nsw.edu.au](mailto:studentservices@globalinstitute.nsw.edu.au)
6. The complaint will be acknowledged in writing, assessed, and a response provided as per the Complaints and Appeals Policy and Procedure.
7. Office staff must complete the outcome section, record actions taken, and raise a Continuous Improvement Form (CIF) where applicable.

Name:

Student ID no:

Email:

Phone:

Course:

Complaint

Reason for complaint – please tick

- ☐ trainer (please provide name)
- ☐ staff member (please provide name)
- ☐ Services (please specify)
- ☐ Other



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RTO No. 41102 | CRICOS Provider Code: 03538G

Describe the nature of the complaint:

Attach any supporting evidence or documentation

Describe any efforts made to resolve the issue:

What outcomes are you seeking or expect?

Are there any areas in which we can improve our systems in the future?

By signing this form, I certify that the information provided is true and correct.

Date:

Signature:

Office Use Only	
Receiving staff member Date	
Complaint outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful



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Date student advised of outcome.....

Detail action taken:.....

Continuous Improvement Form (CIF) raised: ☐ Yes ☐ No

Date CIF  
raised:

CIF raised by:

Signed:

Date:

CIF received by the Administration Manager ☐ Yes ☐ No

Allocated CIF no:

Signature of the CEO:

Date: