



SpraySMART

Trainer Services Pty Ltd RTO: 40867

T/as SpraySMART, Sydney Training Services and Rural Training Services

COMPLAINTS AND APPEALS FORM

Surname:			
First Given Name:			
Course title:		Course Code	
Trainer /			
Date of			
Reason for your submission:			
What outcomes are you seeking or expect:			
By signing this form, I certify that the information provided is true and correct.			
Name		Signature	Date
OFFICE USE ONLY			
Date		Complaint number	
Action Taken			
Complainant sent written statement of complaint being received?		Yes	No
Complainant sent written statement of action taken?		Yes	No
Complaint referred to a third party?		Yes	No
Time taken to resolve complaint:			
Finalised By		Signature	Date