

LATROBE COLLEGE OF ART AND DESIGN

RTO 22248 / CRICOS 03157K
LCAD 138 Cromwell St Collingwood Tel / 03 9495 6622 / admin@lcad.edu.au

COMPLAINT FORM

Full Name:	Date:	/ /
Student ID Number		
Position: Student ☐ Teacher ☐ Other ☐ please say who:		
Course undertaking / classes delivering:		
Date of event complaint refers to: / /		

Detailed explanation of complaint / appeal (You may wish to attach further documentation.)

Please give details of the outcome you are seeking.

I agree that all the information provided within is true and correct

Signature:	Date:
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Office use only

Complaint received by:	☐ Phone	☐ Email (Attached)	☐ In person
Complaint type:	☐ Complaint	☐ Appeal	
(If complaint received via telephone) I agree I have recorded an accurate description of the complaint / appeal			
Signature:		Date:	
Staff member Name (print):			

Action Taken

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Date and details of how the student was advised of the outcome

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RTO Management Signature:

Privacy Notice: The information provided on this form will be used by our organisation to follow up on your complaint. The information may be provided to staff who are able to remedy your complaint or to the police for law enforcement purposes. The provision of this information is voluntary. It will be stored securely. You may correct any personal information provided at any time by contacting the person to whom you submit this form.