



What outcome would you like to see from raising this complaint / appeal?			
Participant Signature		Date	

Submit completed form to info@fitcollege.edu.au or post to 8/102 Wisers Road, Maroochydore Qld 4558. Australia.

Office Use Only		Date Received: _____	
Wanted resolution or outcome			
<input type="checkbox"/>	Refund/ Credit Note	<input type="checkbox"/>	Meeting with RTO Manager
<input type="checkbox"/>	Appeal passed (assessment re-marked)	<input type="checkbox"/>	Other, please specify
Details of action Taken:			
Appropriate Action Applied			
<input type="checkbox"/>	Participant informed of outcome (letter attached)	Initial:	Date:
<input type="checkbox"/>	Other, please specify	Initial:	Date:
<input type="checkbox"/>	Raised at RTO Meeting (Mgt Meeting)	Initial:	Date:
Signed		Date	

