



RIVERSIDE
CHRISTIAN COLLEGE

Complaints and Appeals Record Form

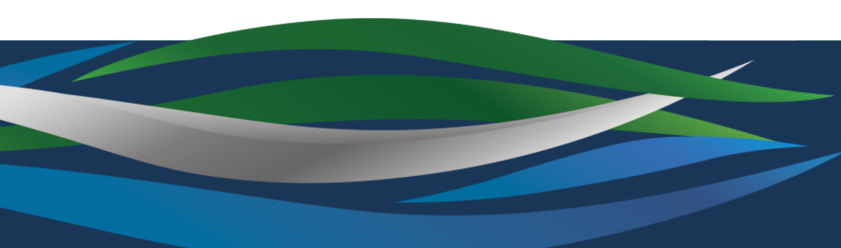
RTO No. 45550

Please submit this form to the RTOM or Principal of Riverside Christian College.

| Details of Complaint/Appeal | | | Tick |
|-----------------------------|--|---|------|
| Date Raised: | | Reason(s) | |
| Student Name: | | AQF Standard | |
| Year Level: | | Student Complaint | |
| VET Subject: | | Staff Complaint | |
| | | Student Appeal (eg Assessment decision) | |
| | | Other (please specify) | |

| Nature of Complaint/Appeal (please use specific details and include date(s)) | | | |
|--|--|-------------------|--|
| | | | |
| Student Signature: | | Parent Signature: | |
| Date: | | Parents Name: | |

| Action to be taken: | | |
|---------------------|--|-----------------|
| | | |
| Accepted by: | | RTOM Signature: |
| Position: | | |
| Agreed Date: | | |





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| Agreed action completed and effective: | | |
|--|--|----------------------|
| | | |
| Principal: | | Principal Signature: |
| Date: | | |

| Final decision of Independent Review: | | |
|---------------------------------------|--|---------------------------------|
| | | |
| Name of Independent Reviewer: | | Independent Reviewer Signature: |
| Position: | | |
| Date Resolved: | | |

This completed form needs to be given to the RTOM to upload to the Complaints and Appeals Register.

RTO Manager Contact Details

Bronte Hose

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