

COMPLAINT FORM - Complete all fields

Family Planning Welfare NT values your concerns, as it helps us improve the quality of our services and training delivery. Your time and input are appreciated, and please be assured that the complaint will be treated seriously and respectfully.

Select the options that best identifies your relationship with the RTO

<input type="checkbox"/> Learner	<input type="checkbox"/> Employer	<input type="checkbox"/> Others:
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Your Details

First Name			Last Name	
Contact number	Mobile:		Work phone:	
Email	Work:			
	Other:			
Preferred method of contact	<input type="checkbox"/> Phone		<input type="checkbox"/> Email	

Details of Complaint:

Please include any background information including specific dates, names and other details that will help our investigation.

Evidence of Complaint: List any witnesses who can support your statement and attach copies of relevant documents.

Details of Complaint: If you can, please share any background information—such as dates, names, or other details—that may help us understand and look into this matter more effectively.

Have you tried to resolve the matter informally? If yes, what actions did you take, who did you speak to, and what was the outcome? If not, please explain why.

Outcome for resolution are you seeking?

Declaration

By submitting this form, I confirm that the information I have provided is true and accurate to the best of my knowledge. I understand that to investigate my complaint, the RTO may need to share details (including my identity) with those involved and with any relevant witnesses.

I confirm that I have read and understood the Complaints and Appeals procedure and will provide any additional supporting documents if needed.

I also acknowledge that any sensitive information shared during the investigation will be managed in line with the FWPNT Complaints and Appeals procedure as outlined in the Learner Handbook.

Full Name:		Date:	
Signature:			

RTO Office Use Only

Complaint Reference Number	
Date Received	
Received by (Name & Position)	
Entered in Complaint Register by: (Name & Position)	
Urgency Level	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Acknowledgement Sent to Complainant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Acknowledgement Sent	