

Complaint Form

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G



Name: _____ Student Number (if applicable): _____ Date: __/__/__

Date of Incident (If applicable): __/__/__ IR# _____

Please explain the issues leading up to your complaint:

What do you think can be done? How could this be resolved?

ADMIN USE ONLY

Resolution:

PLEASE ATTACH EXTRA PAGES AS NECESSARY

I acknowledge that I am satisfied with this outcome: Date: _____

Name: _____ Signed: _____

SWO or Manager: _____

Follow up actions:

General Manager:

Date Closed: _____