

TG-F04 Complaints Form

Personal Details			
Complainant Name:			
Street Address:			
Phone:			
Email:			
Best Contact (please tick):	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/>
Date Complaint Made:			

Details of Complaint	
Nature of Complaint: (Please use additional pages if required)	
Outcome Sought: (Please identify any outcome or action you would like to see)	

5th Point Group

Operations | Australia | New Zealand

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Don't forget to include:

- The time and date the incident occurred
- The activity you were undertaking at the time of the incident
- The location you were in when the incident occurred
- Details of the person the complaint is made against (if any) and your relationship with that person.

Has an attempt been made at informal resolution?Yes No **If yes, who was approached:**

Please return completed form to the RTO Manager or another member of 5th Point Management.

For additional information about 5th Point's complaints procedure please see the *Complaints Policy and Procedure (TG-004)* available in the *Candidate Handbook (TG-006)* on our website.

Administrative Use Only

Complaint Received By:

Date Received:

Method Communicated:

In Person

In Writing

Investigated By:

Action Taken or Required:

Date Action Completed:

Outcome Communicated to Complainant:

Yes

No

Signed:

1.0 Publication Details

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