

The Redcliffe Aero Club Complaint Form

Please complete all sections of the form in a black pen as clearly as possible.

Title:	Surname:				
First Name:	Middle Name:				
Date of Birth:	Gender: 🗆 Female 🗆 Male 🗆 Other				
Postal Address:					
Suburb:	State: Postcode:				
Phone:	Mobile:				
Email:	Preferred Contact: □ Telephone □ Email □ Letter (Please place v tick in appropriate box)				
2) - Complaint Details					
Does your complaint relate to:	Registered Training Organisation Trainers / Assessors/ Flight Instructors / Pilots				
Course Content	□ Flight Schedules □ Others Behavior				
Other					
Course / Qualification Name:					
Are you making this complaint or	n behalf of someone else? Yes (go to question 3) No (go to question 4) 				
3) - Complaint Representative	2 Details				
Title:	Surname:				
First Name:	Middle Name:				
Date of Birth:	Gender 🗆 Female 🗆 Male 🗆 Other				
Date of Birth: Postal Address:	Gender 🗆 Female 🗆 Male 🗆 Other				
	Gender 🗆 Female 🗆 Male 🗆 Other State: Postcode:				
Postal Address:					
Postal Address: Suburb:	State: Postcode:				
Postal Address: Suburb: Phone: Email:	State: Postcode:				
Postal Address: Suburb: Phone: Email:	State: Postcode: Mobile:				
Postal Address: Suburb: Phone: Email: Have you been asked to make th Is this person aged 18 years and	State: Postcode: Mobile:				
Postal Address: Suburb: Phone: Email: Have you been asked to make th Is this person aged 18 years and	State: Postcode: Mobile:				

ABN: 74009 819 792 Reviewed 01.02.2023



4) - Who is the complaint about?

Persons Name (e.g. Employer Name, Student Name):

Position (Staff Member / Student / Visitor) :

Gender: \Box Female \Box Male \Box Other

5) - Specific details about your complaint

Please summarise your complaint below. Make sure to include the following: What happened? Who was involved? When and where it happened? Any other information relating to the complaint. Attach a separate page if needed and any supporting information that will assist us in addressing your issue.

6) - Prior Complaint Resolution

Have you sought to resolve this complaint with the person involved?

If yes, please provide details:

Name of agency / person:

Contact Name:

Contact Email:

Date Complaint Lodged:

Outcome:

7) – Outcome Expectation

What would you like to happen to resolve your complaint?

ABN: 74009 819 792 Reviewed 01.02.2023 Office: (61 7) 3203 1777 Email: info@redcliffeaeroclub.com.au Source: RTO Co-Ordinator

🗆 No

Yes

Contact No:

Case Reference No:



8) Privacy Information

The information on this form is being collected by The Redcliffe Aero Club (RTO No. 40971) for the purpose of managing and investigating your complaint. All personal information you provide will be handled in accordance with the privacy policy located on the company website. The Redcliffe Aero Club will use relevant personal information for the purpose of assessing and/ or investigating your complaint and responding to you. It may be necessary to disclose relevant personal information to the other person relevant to the investigation, including the person or entity you have complained about, so that they can provide a response. It may also be necessary to disclose relevant personal information to another Queensland Government agency or Australian Government agency so that agency can assist The Redcliffe Aero Club with your complaint. If there is any information you do not wish an external party to receive, please let us know. If you are concerned about the privacy of the personal information supplied on this form, please call The Redcliffe Aero Club on (07)3203 1777 0800-1700 AEST 7 days a week.

9) Consent to investigate your complaint

Please complete the option that applies to you (Option A, Option B or Option C)

□ Option A – The complaint relates to you and you are making the complaint on your own behalf

investigate my complaint concerning

I further give my consent for The Redcliffe Aero Club to contact any further Government departments they feel could assist/ contribute to resolving me complaint.

 Obtain and/or exchange documents and information containing my personal information, to any third party (including the person or entity I have complained about), that in the opinion of the Queensland Training Ombudsman, is necessary for the purpose of investigation of my complaint.

(your name) give my consent for The Redcliffe Aero Club representative/s to

• Disclose and transfer my complaint and relevant personal information to another Queensland Government agency or Australian Government agency to investigate and respond to me, if in the opinion of the Queensland Training Ombudsman another agency is more appropriate to investigate and respond to my complaint

Signed:

□ Option B – The complaint relates to a minor and you are lodging the complaint on their behalf

(NAME OF CHILD), and I am lodging this complaint on his/her behalf.

I give my consent for The Redcliffe Aero Club representative to investigate the complaint concerning

I further give my consent for the Office of the Queensland Training Ombudsman to:

- Obtain and/or exchange documents and information containing my personal information, to any third party (including the person or entity I have complained about), that in the opinion of the Queensland Training Ombudsman, is necessary for the purpose of investigation of my complaint.
- Disclose and transfer my complaint and relevant personal information to another Queensland Government agency or Australian Government agency to investigate and respond to me, if in the opinion of the Queensland Training Ombudsman another agency is more appropriate to investigate and respond to my complaint

This consent remains valid until I give instructions, written or otherwise, that it is terminated.

Signed:	/OUR SIGNATURE)	Date:		
RTO Number: 40971	The Redcliffe Aero Club		ABN: 74009 819 792	Office: (61 7) 3203 1777
1 Wirraway Drive, Kippa Ring, C	QLD, Australia, 4021			Email: info@redcliffeaeroclub.com.au
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□ Option C – The complaint relates to a Please Note: that both you and the com		inant) and you are lodging the	complaint on their benalf.
,	_(your name) , acknowledge	e that I am lodging this complain	nt on behalf of
			b representative/s to investigate the
complaint to communicate directly wit	n me in relation to the complaint.		
	Date:		
Signed:			
The below Authority and consent Must b	e completed and signed by the co	omplainant:	
	(name of complainant) authorise		(name of person lodging the complainant) to lodge
this complaint concerning behalf and give my consent for the Offi	co of the Queencland Training On	abudaman ta invastigata mu car	on my
	-		npiant.
I further authorise the Office of the Qu	eensland Training Ombudsman to	communicate directly with	
	, (NAME OF PERSON LODGING THE COMPLAINT) ${\sf i}$		
I further give my consent for the Office	of the Queensland Training Ombu	udsman to:	
investigation of my complaint.Disclose and transfer my comp		nation to another Queensland G	
Signed:	Date:		
10) Check your Completed Form			
Before you send this form through to The		k you have:	
provided as much relevant info			
attached any supporting docur	nentation.		
clearly identify your concerns.			
	ions for The Redcliffe Aero Club to	o investigate.	
provided your desired outcome	2		
Q12 – Submit your Complaint			
You can submit your complaint via email	to		
• The Redcliffe Aero Club – info@	<pre>predcliffeaeroclub.com.au</pre>		
Send a hard copy of your complaint			
 CEO / Complaints Te The Badaliffe Acro Cl 			
The Redcliffe Aero Cl 1 Wirraway Drive, Ki			
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RTO Number: 40971 T 1 Wirraway Drive, Kippa Ring, QLD, Aust	he Redcliffe Aero Club ralia, 4021	ABN: 74009 819 792	Office: (61 7) 3203 1777 Email: info@redcliffeaeroclub.com.au
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