

The Redcliffe Aero Club Complaint form

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

1) - Student Details

Title:	Sur	iame:		
First name:	Mic	dle name:		
Date of Birth:	Ger	der: \square Female \square Male	e 🗆 Other	
Postal Address:				
Suburb:	Star	e:	Postcode:	
Phone:	Mo	oile:		
Email:	Preferred contact: (Please place √ tick i		hone 🗌 Email 🗎 Letter oriate box)	
2) - Complaint Details				
Does your complaint relate to:	☐ Registered Training Organisati	on Trainers / Assesso	ors/ Flight Instructors / Pilots	
☐ Course content	☐ Flight Schedules	☐ Others behavior	☐ Others behavior	
☐ Other				
Course / Qualification name:				
Are you making this complaint o	n behalf of someone else?	s (go to question 3)	No (go to question 4)	
3) - Complaint Representat	tive Details			
Title:	Sur	ame:		
First name:	Mic	dle name:		
Date of Birth:	Gender □ Female □ Male □ Other			
Postal Address:				
Suburb:	Sta	e:	Postcode:	
Phone:	Mo	ile:		
Email:				
Have you been asked to make th	ne complaint on this person's behalf	☐ Yes	□ No	
Is this person aged 18 years and over?		☐ Yes	□ No	
If not aged over 18 years, are you the legal guardian of this person?		☐ Yes	□ No	
Does this person require an inte	rpreter?	☐ Yes	□ No	
Does this person have a disabilit	y or special needs? (optional)	☐ Yes	□ No	

RTO Number: 40971 The Redcliffe Aero Club 1 Wirraway Drive, Kippa Ring, QLD, Australia, 4021 F00048_Complaint Form.V3 Amended 21.03.2019 ABN: 74009 819 792 Office: (61 7) 3203 1777

Email: info@redcliffeaeroclub.com.au

Source: RTO Co Ordinator



4) - Who is the complaint about?

Persons name (e.g. Employer name, Stude	ent namely
Position (staff member / student / visitor)	
	· ·
Gender: ☐ Female ☐ Male ☐ Other	
5) – Specific details about your cor	mplaint
	•
	Make sure to include the following: What happened? Who was involved? When and where
	ng 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	t with the person involved?
If yes, please provide details:	
Name of agency / person:	
Contact name:	Contact no:
Contact Email:	
Date Complaint lodged:	Case Reference No:
Outcome:	
7) Outcome Expectation	
7) – Outcome ExpectationWhat would you like to happen to resolve	a your complaint?
what would you like to happen to resolve	: your complaint:

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8) Privacy information

The information on this form is being collected by The Redcliffe Aero Club (RTO40971) 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 0732031777 0800-1700 AEST 7 Days a week.

9) Consent to investigate your complaint

	omplete 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
1	(your name) give my consent for The Redcliffe Aero Club representative/s
to invest	igate my complaint concerning
I further	give my consent for The Redcliffe Aero Club to contact any further Government departments they feel could assist/
contribu	te 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.
•	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:	Date:

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	(NAME OF CHILD), and I am lodging this complaint on his/her behalf.
I give n	ny consent for The Redcliffe Aero Club representative to investigate the complaint concerning
I furthe	er 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
his cons	sent remains valid until I give instructions, written or otherwise, that it is terminated.
igned:	Date:
	(YOUR SIGNATURE)
	n C – The complaint relates to another adult person (the complainant) and you are lodging the complaint on their behalf.
lease no	ot that both your and the complainant are required to sign.
	(your name), acknowledge that Fairl lodging this complaint on behalf of
investi	gate the complaint to communicate directly with me in relation to the complaint.
igned:	Date:

ABN: 74009 819 792

Source: RTO Co Ordinator

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The below Authority and consent <u>Must</u> be completed and signed by the complainant:

I (name of complainant) authorise	(name of person lodging the
complainant) to lodge this complaint concerning	
	on my
behalf and give my consent for the Office of the Queensland Training Ombudsman to investigation	ate my complaint.
I further authorise the Office of the Queensland Training Ombudsman to communicate directly	y with
(NAME OF PERSON LODGING THE COMPLAINT) in relation to my comp	plaint.
I further give my consent for the Office of the Queensland Training Ombudsman to:	
Obtain and/or exchange documents and information containing my personal inform	ation, to any third party (including
the person or entity I have complained about), that in the opinion of the Queensland	d Training Ombudsman, is necessar
for the purpose of investigation of my complaint.	
Disclose and transfer my complaint and relevant personal information to another Qu	
Australian Government agency to investigate and respond to me, if in the opinion of	
Ombudsman another agency is more appropriate to investigate and respond to my of	complaint.
Date:	
igned:	
O) Charles and a second at a different	
.0) Check your completed form	
sefore you send this form through to The Redcliffe Aero Club please check you have included:	
□ provided as much relevant information as possible.	
☐ attached any supporting documentation.	
clearly identify your concerns.	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
provide your desired outcome	
Q12 – Submit your complaint	
ou can submit your complaint via email to	
The Redcliffe Aero Club – info@redcliffeaeroclub.com.au	
end a hard copy of your complaint to:	

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1 Wirraway Drive, Kippa Ring, QLD, Australia, 4021 Source: RTO Co Ordinator

F00048_Complaint Form.V3 Amended 21.03.2019

CEO / Complaints team The Redcliffe Aero Club

1 Wirraway Drive, Kippa Ring, QLD, 4021