

PADI RTO Complaints Form



Person Making Complaint: _____

Course: _____

Address: _____

Postcode _____ State: _____ Ph. / Mobile: _____

Details of Complaint

(Complete wherever applicable. If not applicable write 'N/A')

Date: _____ Time: _____ Location: _____

Persons Involved (Other than the person notifying): _____

(If the grievance relates to an event, please detail it step-by-step)

Were there any injuries, or damage to property? ☐ Yes ☐ No

(If 'Yes') Can you describe the injuries or damage?

Were there any witnesses? ☐ Yes ☐ No

(If 'Yes') Names:

Other relevant information

What, if any, particular response or action does the person making the Complaint seek or expect?

What action is proposed by PADI and would be acceptable to the client to resolve the complaint?

(If no mutually acceptable action to resolve the complaint can be agreed upon write 'No Agreement')

The above Statement of Details is a fair and accurate record of our interview.

Signature Complainant: _____

Signature PADI Representative: _____

Date: _____

The above action proposed to resolve the complaint is approved.

Name Authorised Officer: _____

Signature Authorised Officer: _____

Position: _____

Date: _____