Premium Health Complaints Form

This form is to be used by students, staff, or third parties to lodge a formal complaint with Premium Health. All complaints will be handled fairly, efficiently, and in accordance with the 2025 Standards for RTOs.

Full Name of Complainant:

_____

Contact Email:

_____

Contact Phone Number:

_____

Relationship to Premium Health (e.g. Student, Staff, Client):

_____

Date of Complaint Submission:

_____

Date of Event Leading to Complaint:

_____

Nature of Complaint (e.g. Training, Staff Conduct, Facilities):

_____

Detailed Description of Complaint:

_____

Supporting Documents Attached (list filenames or descriptions):

_____

Preferred Resolution or Outcome:

_____

Signature of Complainant:

_____

Date:

_____

Please submit this completed form to info@premiumhealth.com.au