



**Details of Actions Taken to resolve Complaint (To be completed by iLearn OZ).**

**Staff Person Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Detail the response or actions iLearn OZ has taken to resolve the complaint.**

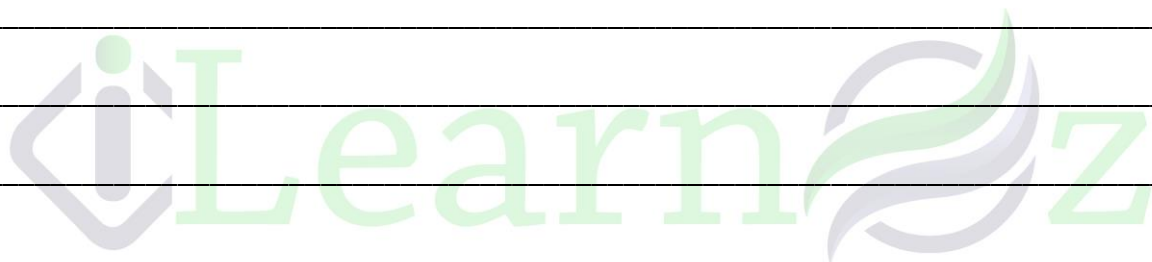
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Learn. Grow. Become

RTO NO: 52791; Cricos Code: 03831C

**ILOZ Representative:**

\_\_\_\_\_

**(Signature)**

**Date:**

\_\_\_\_\_

**Office use only**

<b>Application Received By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Action Taken By</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>



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