

**PLEASE FILL OUT SECTIONS 1 AND 2, THEN RETURN TO ELI (Support@evolveli.com.au)**

**SECTION 1: FEEDBACK INFORMATION**

|   |  |   |   |
|---|--|---|---|
| <p><b>What area(s) can we improve in?</b></p>   | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Customer Service<br/> <input type="checkbox"/> Administration<br/> <input type="checkbox"/> Sales &amp; Marketing<br/> <input type="checkbox"/> IT &amp; Systems                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Quality &amp; Governance<br/> <input type="checkbox"/> Training &amp; Assessment<br/> <input type="checkbox"/> Policies &amp; Procedures<br/> <input type="checkbox"/> Student Support                 </td> </tr> </table> | <input type="checkbox"/> Customer Service<br><input type="checkbox"/> Administration<br><input type="checkbox"/> Sales & Marketing<br><input type="checkbox"/> IT & Systems | <input type="checkbox"/> Quality & Governance<br><input type="checkbox"/> Training & Assessment<br><input type="checkbox"/> Policies & Procedures<br><input type="checkbox"/> Student Support |
| <input type="checkbox"/> Customer Service<br><input type="checkbox"/> Administration<br><input type="checkbox"/> Sales & Marketing<br><input type="checkbox"/> IT & Systems | <input type="checkbox"/> Quality & Governance<br><input type="checkbox"/> Training & Assessment<br><input type="checkbox"/> Policies & Procedures<br><input type="checkbox"/> Student Support  |   |   |
| <p><b>Area for improvement</b></p>  | <p>Please provide information to support your feedback.</p>  |   |   |
| <p><b>What suggestions do you have to help us improve?</b></p>  | <p>Please provide as much detail as possible to support your suggestion and include examples where you can.</p>  |   |   |

**SECTION 2: NAME AND INFORMATION**  
Please provide your details. However, this is not mandatory if you would prefer to remain anonymous.

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Phone Number</b> |  |
| <b>Email</b>        |  |

**SECTION 3: ELI TO COMPLETE**

**23. Reviewed By:**

Actions Undertaken:

Full Name:

Position:

Date:        \_\_\_ / \_\_\_ / \_\_\_\_

**24. Feedback Signed Off:**

Signature:

Name:

Date:        \_\_\_ / \_\_\_ / \_\_\_\_

**Notes:**

- This form is to be submitted to the RTO Manager or CEO for processing.
- All feedback will be handled in accordance with the RTO’s Feedback, Complaints and Appeals Policy and the requirements of Standards 2.7 and 2.8.