

Suite 1, Level 2, 17 Macquarie Street, Parramatta, NSW 2150 Phone: 61 2 78092811 admissions@acicollege.edu.au

www.acicollege.edu.au ABN: 16095557190

Complaint Form

This form is to be used by any party who wishes to make a formal complaint to Australian City International College in writing.

Name (Optional)				
Phone (Optional)				
Date				
Details of Complaint. Tick where applicat	ple			
Training	Assessment			
Facilities	Resources			
Equipment	Student Service			
Training Service	Treatment			
System	Agent			
Details of Complaint:				
	ACIC			
	AGIO			
Auctrolian City				
Aubitalial bity				
International Callege				
What action or response would you like to be seen done to resolve the complaint?				
RTO Code: 91779 / CRICOS: 03888H				
Details of Actions Taken to resolve Complaint (To be completed by Australian City International College).				
betains of Actions Taken to resolve complaint (To be completed by Australian Oity International College).				
Staff Person Name:	Date:			



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Datail the management and address	Number of Management has to been to see the	46
Detail the response or action S	Sydney City College of Management has taken to resolv	e the complaint.
		·····
ACIC Representative:		
	(Signature)	
Date:	ACIC	
	ACIC	

Australian City

Office use only.					
Application Received By	Name:	Signature: / CRICOS: 03888H	Date:		
	10 code : 91773	/ CINICOS. 0300011			
Action Taken By	Name:	Signature:	Date:		