



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 applicable

| | | | |
|------------------|--------------------------|-----------------|--------------------------|
| Training | <input type="checkbox"/> | Assessment | <input type="checkbox"/> |
| Facilities | <input type="checkbox"/> | Resources | <input type="checkbox"/> |
| Equipment | <input type="checkbox"/> | Student Service | <input type="checkbox"/> |
| Training Service | <input type="checkbox"/> | Treatment | <input type="checkbox"/> |
| System | <input type="checkbox"/> | Agent | <input type="checkbox"/> |

Details of Complaint:

What action or response would you like to be seen done to resolve the complaint?

Details of Actions Taken to resolve Complaint (To be completed by Australian City International College).

Staff Person Name: _____ **Date:** _____



Detail the response or action Sydney City College of Management has taken to resolve the complaint.

ACIC Representative: _____

(Signature)

Date: _____

Australian City

Office use only.

| | | | |
|--------------------------------|--------------|-------------------|--------------|
| Application Received By | Name: | Signature: | Date: |
| | | | |
| Action Taken By | Name: | Signature: | Date: |
| | | | |