

Complaint Form

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

Name (Optional):
Student ID (Optional):
Phone (Optional):
Date:
Details of Complaint. Tick where applicable (you can select multiple).
Training <input type="checkbox"/> Assessment <input type="checkbox"/> Resources <input type="checkbox"/> Training Service <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Student 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 done to resolve the complaint?
Details of Actions Taken to resolve Complaint (To be completed by Austrasia College).
Staff Name: _____ Signature: _____ Date: _____
Detail the response or actions Austrasia College has taken to resolve the complaint.

Office use only			
Application Received By	Name:	Signature:	Date:
Action Taken By	Name:	Signature:	Date: