



Complaint Form

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

| | |
|-------------------------|--|
| Name (Optional) | |
| Phone (Optional) | |
| Date | |

Details of Complaint. Tick where applicable.

| | | | |
|-------------------------|--|------------------------|--|
| Training | | Assessment | |
| Facilities | | Resources | |
| Equipment | | Student Service | |
| Training Service | | Treatment | |
| System | | Agent | |

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 Sydney City College of Management).

Staff Person Name: _____

Date: _____



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

SCCM Representative: _____
(Signature)

Date: _____

Office use only.

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