



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: